

FACULTY INFORMATION

Name : **DR. ARAVIND. P**
Date of Birth : **Aug 13, 1977**
Present Designation : **Professor**
Department : **Pathology**
College : **A.J. Institute of Medical Sciences & Research Centre**
City : **Mangaluru**
Residential Address of employee : **S/o P.Subba Rao,
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Date of joining present institution : **November 02, 2006 as Assistant Professor**

Qualifications:

Qualification	College	University	Year	Registration No. of UG & PG with date	Name of the State Medical Council
MBBS	B.L.D.E.A 's Medical College, Bijapur,	Karnatak University	May 2000	60256 dt. Aug 10, 2001	Karnataka Medical Council
MD (Pathology)	JJM Medical College, Davangere,	RGUHS Bangalore	Sept 2006	60256 dt. Jan 18, 2007	Karnataka Medical Council

Details of the teaching experience

Designation	Department	Name of Institution	From DD/MM/YY	To DD/MM/YY	Total Experience in years & months
Tutor	Pathology	J.J.M Medical College, Davangere	18/07/ 2003	Sep 2006	3 Years 2 Months 13 Days
Assistant Professor	Pathology	A. J. Institute of Medical Sciences & Research Centre, Mangalore	02/11/ 2006	31/05/ 2011	4 Years, 7 Months
Associate Professor	Pathology	A. J. Institute of Medical Sciences & Research Centre, Mangalore	01/06/ 2011	23/04/2021	9 Years 10 Months 23 Days
Professor	Pathology	A. J. Institute of Medical Sciences & Research Centre, Mangalore	24/03/2021	Till Date	