

FACULTY INFORMATION



Name : **Dr. Ashwin M Mathews**

Date of Birth & Age : **26/02/1993**

Present Designation : **Junior Resident**

Department : **General Medicine**

College : **A. J. Institute of Medical Sciences & Research Centre**

City : **Mangaluru**

Campus Address of Resident : **Resident Quarters No.406
AJIMS&RC Campus,
Mangalore**

Permanent Address of Resident : **S/o Mr. Monzy Mathews
Ambalathil House
Peringala P.O.
Kayamkulam, Alappuzha P.O.
Kerala - 690559**

Phone & Fax Number With Code : Office : **0824 - 2225533(with STD code)**
E-mail address : **ashwintirur@gmail.com**
Mobile Number : **9746318008**

Date of joining present institution : **August 26, 2020 as Junior Resident**

Qualifications:

Qualification	College	University	Year	Registration No. of UG & PG with date	Name of the State Medical Council
MBBS	Stanley Medical College, Chennai,	The Tamil Nadu M.G.R. Medical University Chennai	2018	No: 133219 Dt: 24/07/2018	Tamil Nadu 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
Junior Resident - 1	General Medicine	A.J. Institute of Medical Sciences & Research Centre, Mangalore	26/08/2020	Till Date	