

FACULTY INFORMATION



Name : **Dr.Chaitra R**
Date of Birth & Age : **30/08/1988**
Present Designation : **Senior Resident**
Department : **OBG**
College : **A. J. Institute of Medical Sciences & Research Centre**
City : **Mangaluru**
Campus Address of Resident : **Resident Quarters No.301
AJIMS&RC Campus,
Mangalore**
Permanent Address of Resident : **"A" Block 806
Brigade Pinnacle
Derebail Church
Mangalore**
Phone & Fax Number With Code : Office : **0824 - 2225533(with STD code)**
E-mail address : **chaitra.moolya@gmail.com**
Mobile Number : **9916815719**
Date of joining present institution : **August 24, 2020 as Senior Resident**

Qualifications:

Qualification	College	University	Year	Registration No. of UG & PG with date	Name of the State Medical Council
MBBS	K.S,Hegde Medical Academy, Mangalore	Rajiv Gandhi University of Health Sciences, Bangalore	2012	No:96073 Date: 13/04/2012	Karnataka Medical Council
MS OBG	Sri Siddhartha Medical College Tumkur	Siddhartha University	2015	No:96073 Date: 12/07/2017	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
Junior Resident	OBG	Sri Siddhartha Medical College Tumkur	01/07/2014	30/06/2017	3 Years
Senior Resident	OBG	K S Hegde Medical Academy, Mangalore	31/08/2017	09/05/2018	8 Months 10 Days
Senior Resident	OBG	Srinivas Institute of Medical Sciences & Research Centre, Mangalore	30/10/2019	30/06/2020	8 Months
Senior Resident	OBG	A.J.Institute of Medical Sciences & Research Centre, Mangaluru	24/08/2020	Till Date	

