

FACULTY INFORMATION

Name : **Dr. Chinmaya S P**

Date of Birth & Age : **15/07/1995**

Present Designation : **Junior Resident**

Department : **Orthopaedics**

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

City : **Mangaluru**

Campus Address of Resident : **Resident Quarters No.205
AJIMS&RC Campus,
Mangalore**

Permanent Address of Resident : **S/o Dr. Sripathi Punchithaya K
H.No.4-431(A)
"Chirasri"
Shanthinagar IInd Stage
Tapmi Road
Manipal - 576104**

Phone & Fax Number With Code : Office : **0824 - 2225533(with STD code)**
E-mail address : **chinmayas@gmail.com**
Mobile Number : **9483932769/9611030359**

Date of joining present institution : **May 02, 2019 as Junior Resident**



Qualifications:

Qualification	College	University	Year	Registration No. of UG & PG with date	Name of the State Medical Council
MBBS	SDM College of Medical Sciences, Dharwad	Rajiv Gandhi University of Health Sciences, Bangalore	March 2019	No: 127796 Dt: 14/03/2019	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 - 1	Orthopaedics	A.J. Institute of Medical Sciences & Research Centre, Mangalore	02/05/2019	01/05/2020	1 Year
Junior Resident - 2	Orthopaedics	A.J. Institute of Medical Sciences & Research Centre, Mangalore	02/05/2020	01/05/2021	1 Year
Junior Resident - 3	Orthopaedics	A.J. Institute of Medical Sciences & Research Centre, Mangalore	02/05/2021	Till Date	