

FACULTY INFORMATION



Name : **Dr. Dinish A. Vincent**

Date of Birth & Age : **13/09/1992**

Present Designation : **Junior Resident**

Department : **Orthopaedics**

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

City : **Mangaluru**

Campus Address of Resident : **Resident Quarters No.409
AJIMS&RC Campus,
Mangalore**

Permanent Address of Resident : **S/o Dr. Vincent Akkara
Akkara House
Akkikavu Post
Kunnamkulam, Thrissur
Kerala – 680 519**

Phone & Fax Number With Code : Office : **0824 - 2225533(with STD code)**
E-mail address : **dinishakkara@gmail.com**
Mobile Number : **9895215613**

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	Amala Institute of Medical Sciences, Thrissur	Kerala University	2018	No: 65279 Dt: 14/02/2018	The Travancore Cochin of Modern Medicine

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	26/08/2020	Till Date	