

## FACULTY INFORMATION



Name : **Dr. Adhila M**

Date of Birth & Age : **09/06/1992**

Present Designation : **Junior Resident**

Department : **Paediatrics**

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

City : **Mangaluru**

Campus Address of Resident : **Resident Quarters No.204  
AJIMS&RC Campus,  
Mangalore**

Permanent Address of Resident : **D/o Mr. K P Alikutty  
Adhis (H), Cheruvattakadavu  
Parambil (PO)  
Calicut, Kerala - 673012**

Phone & Fax Number With Code : Office : **0824 - 2225533(with STD code)**  
E-mail address : **adhilamukkath@gmail.com**  
Mobile Number : **8592843126**

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	<b>Mandya Institute of Medical Sciences</b>	<b>RGUHS University</b>	<b>2017</b>	<b>No: 62616 Dt: 23/08/2017</b>	<b>Travancore Medical Council</b>

### **Details of the previous appointments/ experience**

Designation	Department	Name of Institution	From DD/MM/YY	To DD/MM/YY	Total Experience in years & months
<b>Junior Resident - 1</b>	<b>Paediatrics</b>	<b>A.J. Institute of Medical Sciences &amp; Research Centre, Mangalore</b>	<b>02/05/2019</b>	<b>Till Date</b>	