

FACULTY INFORMATION

Name : **Dr. Anokha Jagadish**

Date of Birth & Age : **02/10/1993**

Present Designation : **Junior Resident**

Department : **General Surgery**

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

City : **Mangaluru**

Campus Address of Resident : **Resident Quarters No.210
AJIMS&RC Campus,
Mangalore**

Permanent Address of Resident : **D/o Dr. Jagadish T
2085, 16th C Main
H.A.L, 2nd Stage
Indiranagar
Bangalore – 560 038**

Phone & Fax Number With Code : Office : **0824 - 2225533(with STD code)**
E-mail address : **noka93@gmail.com**
Mobile Number : **8884688868**

Date of joining present institution : **May18, 2019 as Junior Resident**



Qualifications:

Qualification	College	University	Year	Registration No. of UG & PG with date	Name of the State Medical Council
MBBS	Kempegowda Institute of Medical Sciences, Bangalore	Rajiv Gandhi University of Health Sciences, Bangalore	March 2018	No: 122433 Dt: 21/03/2018	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	General Surgery	A.J. Institute of Medical Sciences & Research Centre, Mangalore	18/05/2019	17/05/2020	1 Year
Junior Resident - 2	General Surgery	A.J. Institute of Medical Sciences & Research Centre, Mangalore	18/05/2020	Till Date	