

FACULTY INFORMATION



Name : **Dr. Hareesh Mohan H N**

Date of Birth & Age : **29/08/1992**

Present Designation : **Junior Resident**

Department : **Paediatrics**

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

City : **Mangaluru**

Campus Address of Resident : **Resident Quarters No.108
AJIMS&RC Campus,
Mangalore**

Permanent Address of Resident : **D/o Mr. Ningappa H Hadimani
Anugraga, Balaji Complex
OPP Hasnapur Camp
Shorapur
Yadgiri - 585220**

Phone & Fax Number With Code : Office : **0824 - 2225533(with STD code)**
E-mail address : **hareeshmohan29@gmai.com**
Mobile Number : **9606185624**

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	Karnataka Institute of Medical Sciences, Hubli	RGUHS University	Oct 2016	No: 121067 Dt: 16/09/2017	Karnataka Medical Council

Details of the previous appointments/ experience

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