

FACULTY INFORMATION

Name : **Dr. Neekash Satish Agari**

Date of Birth & Age : **12/03/1996**

Present Designation : **Junior Resident**

Department : **Paediatrics**

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 : **D/o Mr. Satish Agari
#2-10-778/13
Bank House, Dodu Lane,
Ramakrishna Bhajana Mandira Raod
Battagudda
Mangalore - 575004**

Phone & Fax Number With Code : Office : **0824 - 2225533(with STD code)**
E-mail address : **neekashagari@gmail.com**
Mobile Number : **8495807682**

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 Medical Sciences Dharwad	RGUHS University	March 2019	No: 128372 Dt: 20/03/2019	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	