

FACULTY INFORMATION

Name : **Dr. Praseeda**

Date of Birth & Age : **17/12/1994**

Present Designation : **Junior Resident**

Department : **Anaesthesiology**

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

City : **Mangaluru**

Campus Address of Resident : **Resident Quarters No. G3
AJIMS&RC Campus,
Mangalore**

Permanent Address of Resident : **D/o Dr. Govinda Raj
No.05, Nandagokula
1st Cross, 5th Main
JRD Tatanagar
Bangalore - 560092**

Phone & Fax Number With Code : Office : **0824 - 2225533(with STD code)**

E-mail address : **praseeda1994@gmail.com**

Mobile Number: **9632918520**

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	Sri Dharmastala Medical Science, Dharwad	Rajiv Gandhi University of Health Sciences, Bangalore	March 2018	No.123268 Dt:28/03/2018	Karnataka Medical Council

Details of the previous experience

Designation	Department	Name of Institution	From DD/MM/YY	To DD/MM/YY	Total Experience in years & months
Junior Resident - 1	Anaesthesia	A.J. Institute of Medical Sciences & Research Centre, Mangalore	02/05/2019	01/05/2020	1 Year
Junior Resident - 2	Anaesthesia	A.J. Institute of Medical Sciences & Research Centre, Mangalore	02/05/2020	01/05/2021	1 Year
Junior Resident - 3	Anaesthesia	A.J. Institute of Medical Sciences & Research Centre, Mangalore	02/05/2021	Till Date	