

FACULTY INFORMATION

Name : **Dr. Shanjeev K M**

Date of Birth & Age : **10/01/1995**

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.206
AJIMS&RC Campus,
Mangalore**

Permanent Address of Resident : **S/o K. Murali
6, Konapuram,
Mettupalayam
Pattampalyam (Post)
Nambiyur, Erode
Tamil Nadu – 638458**

Phone & Fax Number With Code : Office : **0824 - 2225533(with STD code)**
E-mail address : **shanjeevmurali@gmail.com**
Mobile Number : **9632577613**

Date of joining present institution : **May 03, 2019 as Junior Resident**



Qualifications:

Qualification	College	University	Year	Registration No. of UG & PG with date	Name of the State Medical Council
MBBS	A.J.Institute of Medical Sciences, Mangalore	Rajiv Gandhi University of Health Sciences, Bangalore	March 2018	No: 125858 Dt: 10/09/2018	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	03/05/2019	02/05/2020	1 Year
Junior Resident - 2	General Surgery	A.J. Institute of Medical Sciences & Research Centre, Mangalore	03/05/2020	02/05/2021	1 Year
Junior Resident - 3	General Surgery	A.J. Institute of Medical Sciences & Research Centre, Mangalore	03/05/2021	Till Date	