

FACULTY INFORMATION



Name : **Dr. Sharanya Shetty**

Date of Birth & Age : **07/01/1993**

Present Designation : **Junior Resident**

Department : **General Surgery**

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

City : **Mangaluru**

Campus Address of Resident : **Residents Quartetrs No.708
AJIMS Campus,
Kuntikana, Mangalore**

Residential Address of Resident : **D/o Mr. Venugopal Shetty
#4-77-7, Amazing Grace Parapade Road
Derebail Konchady
Mangaluru – 575006**

Phone & Fax Number With Code : Office : **0824 - 2225533(with STD code)**
Residence : **0820 - 2245511 (With STD code)**
E-mail address : **sharanyasht@gmail.com**
Mobile Number : **9902033573**

Date of joining present institution : **May 09, 2018 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 & Research Centre, Mangaluru	Rajiv Gandhi University of Health Sciences, Bangalore	March 2016	No: 114291 Dt: 28/04/2016	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, Mangaluru	09/05/2018	08/05/2019	1 Year
Junior Resident - 2	General Surgery	A. J. Institute of Medical Sciences & Research Centre, Mangaluru	09/05/2019	08/05/2020	1 Year
Junior Resident - 3	General Surgery	A. J. Institute of Medical Sciences & Research Centre, Mangaluru	09/05/2020	Till Date	