

FACULTY INFORMATION

Name : **Dr. Shradha Yogish Shetty**

Date of Birth & Age : **06/03/1994**

Present Designation : **Junior Resident**

Department : **Anaesthesiology**

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

City : **Mangaluru**

Campus Address of Resident : **Resident Quarters No. 103
AJIMS&RC Campus,
Mangalore**

Permanent Address of Resident : **D/o Dr. B Yogish Shetty
2-100-22, Avanthika Adarshnagar
Kalya, Uliargoli
Uliyaragoli
Udupi - 574106**

Phone & Fax Number With Code : Office : **0824 - 2225533(with STD code)**
E-mail address : **shredsshetty@gmail.com**
Mobile Number: **9980154308**

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	K S Hegde Medical, Academy, Mangalore	NITTE University	Jan 2018	No.121973 Dt:22/02/2018	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	