

FACULTY INFORMATION



Name : **Dr. Dr. Suhas M.K.**

Date of Birth & Age : **06/08/1984**

Present Designation : **Assistant Professor**

Department : **Anaesthesiology**

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

City : **Mangaluru**

Residential Address of employee : **#2-51, Benaka House
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Mobile Number: **09633565911**

Date of joining present institution : **July 10, 2016 as Assistant Professor**

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, Mangalore	Rajiv Gandhi University of Health Sciences, Bengaluru	April 2008	No. 79946 Dt.28.04.2008	Karnataka Medical Council
MD (Anaesthesia)	Govt. Medical College, Kozhikode,	Kerala University	Nov 2014	No. 79946 Dt.31.07.2015	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
Jr. Resident	Anaesthesia	Government Medical College, Kozhikode	July 2011	24/07/2014	3 Years
Senior Resident	Anaesthesia	Government Medical College, Kozhikode	25/07/2014	24/07/2015	1 Year
Senior Resident	Anaesthesia	K.S.Hegde Medical Academy, Deralakatte	06/08/2015	28/06/2016	10 Months 22 Days
Assistant Professor	Anaesthesia	A. J. Institute of Medical Sciences & Research Centre, Mangaluru	01/07/2016	Till Date	