

FACULTY INFORMATION



Name : **Dr. Gokul C M**
Date of Birth & Age : **16/05/1995**
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.406
AJIMS&RC Campus,
Mangalore**
Permanent Address of Resident : **S/o Mr. Shylesh Kumar P
Chandera Maniyap Post
Trikaripure
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Kerala - 677310**
Phone & Fax Number With Code : Office : **0824 - 2225533(with STD code)**
E-mail address : **gokulcm16@gmail.com**
Mobile Number : **8892677924**
Date of joining present institution : **August 26, 2020 as Junior Resident**

Qualifications:

Qualification	College	University	Year	Registration No. of UG & PG with date	Name of the State Medical Council
MBBS	Karnataka Institute of Medical Sciences, Hubli	Rajiv Gandhi University of Health Sciences, Bangalore	March 2019	No:128149 Dt: 18/03/2019	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	26/08/2020	Till Date	