

FACULTY INFORMATION



Name : **Dr. Kaveesh S Shetty**

Date of Birth & Age : **08/02/1990**

Present Designation : **Junior Resident**

Department : **Orthopaedics**

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

City : **Mangaluru**

Campus Address of Resident : **Resident Quarters No.207
AJIMS&RC Campus,
Mangalore**

Permanent Address of Resident : **S/o Mr. Prathap Shetty
Veda Ram Kuter
Parakala Ward, Herga Village
Parkala, Udupi
Karnataka - 576107**

Phone & Fax Number With Code : Office : **0824 - 2225533(with STD code)**
E-mail address : **kaveeshshetty14@gmail.com**
Mobile Number : **7348974089/9900898899**

Date of joining present institution : **May 16, 2019 as Junior Resident**

Qualifications:

| Qualification | College | University | Year | Registration No. of UG & PG with date | Name of the State Medical Council |
|---------------|--|--|---------------------|--|--------------------------------------|
| MBBS | JSS Medical College, Mysore | Rajiv Gandhi University of Health Sciences, Bangalore | Dec 2016 | No: 117075 Dt: 17/02/2017 | 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 | Orthopaedics | A.J. Institute of Medical Sciences & Research Centre, Mangalore | 16/05/2019 | 15/05/2020 | 1 Year |
| Junior Resident - 2 | Orthopaedics | A.J. Institute of Medical Sciences & Research Centre, Mangalore | 16/05/2020 | Till Date | |