

FACULTY INFORMATION

Name : **Dr. Keerthana Venugopal**

Date of Birth & Age : **30/01/1992**

Present Designation : **Junior Resident**

Department : **Dermatology**

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

City : **Mangaluru**

Campus Address of Resident : **Residents Quartetrs No.201
AJIMS Campus,
Kuntikana, Mangalore**

Residential Address of Resident : **D/o Mr. K M Venugopalan
Venus Pookode Post
Pathayakunnu (via)
Thalassery, Kannur
Kerala-670691**

Phone & Fax Number With Code : Office : **0824 - 2225533(with STD code)**
a. E-mail address : **keerthanavenugopal2@gmail.com**
Mobile Number : **8547481699**

Date of joining present institution : **December 26, 2020 as Junior Resident**



Qualifications:

Qualification	College	University	Year	Registration No. of UG & PG with date	Name of the State Medical Council
MBBS	Yenepoya Medical College, Mangalore	Yenepoya University	2016	No.115301 Dt: 23/05/2016	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	Dermatology	A. J. Institute of Medical Sciences & Research Centre, Mangaluru	26/08/2020	Till Date	