

## **FACULTY INFORMATION**

Name : **Dr. Lakshmi Harikumar**

Date of Birth & Age : **05/05/1992**

Present Designation : **Junior Resident**

Department : **Respiratory Medicine**

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

City : **Mangaluru**

Campus Address of Resident : **Residents Quartetrs No.404  
AJIMS Campus,  
Kuntikana, Mangalore**

Residential Address of Resident : **Thattaru, Parampi House  
Neerkunnam, Punnapra  
Alappuzhe  
Kerala - 688004**

Phone & Fax Number With Code : Office : **0824 - 2225533(with STD code)**  
Residence : -  
E-mail address : **lakshmi.harikumar408@gmail.com**  
Mobile Number : **7760194577**

Date of joining present institution : **May 25, 2018 as Junior Resident**



### **Qualifications:**

Qualification	College	University	Year	Registration No. of UG & PG with date	Name of the State Medical Council
<b>MBBS</b>	<b>Sree Gokulam Medical College &amp; Research Foundation, Thiruvananthapuram</b>	<b>Kerala University of Health Sciences</b>	<b>March 2017</b>	<b>No.61997 Dt:22.05.2017</b>	<b>The Travancore Cochin Council of Modern Medicine</b>

### **Details of the teaching experience**

Designation	Department	Name of Institution	From DD/MM/YY	To DD/MM/YY	Total Experience in years & months
<b>Junior Resident - 1</b>	<b>Respiratory Medicine</b>	<b>A. J. Institute of Medical Sciences &amp; Research Centre, Mangaluru</b>	<b>25/05/2018</b>	<b>24/05/2019</b>	<b>1 Year</b>
<b>Junior Resident - 2</b>	<b>Respiratory Medicine</b>	<b>A. J. Institute of Medical Sciences &amp; Research Centre, Mangaluru</b>	<b>25/05/2019</b>	<b>Till Date</b>	