

FACULTY INFORMATION

Name : **Dr.Madhumanti Sarkar**

Date of Birth & Age : **06/02/1993**

Present Designation : **Senior Resident**

Department : **OBG**

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

City : **Mangaluru**

Campus Address of Resident : **Resident Quarters No.603
AJIMS&RC Campus,
Mangalore**

Permanent Address of Resident : **W/o Dr. Anand A. Karia
Flat No. 302, 3rd Floor
Harmony Complex
Attavar, Mangalore - 575001**

Phone & Fax Number With Code : Office : **0824 - 2225533(with STD code)**
E-mail address : **madhumanti.sarkar1993@gmail.com**
Mobile Number : **9975495714**

Date of joining present institution : **April 17, 2021 as Senior Resident**



Qualifications:

Qualification	College	University	Year	Registration No. of UG & PG with date	Name of the State Medical Council
MBBS	Bharati Vidyapeeth's Medical College, & Hospital, Sangli	Bharati Vidyapeeth Deemed University, Pune	2017	No: 2017/04/1054 Dt: 11/04/2017	Maharashtra Medical Council, Mumbai
DGO	The College of Physicians and Surgeons of Mumbai		2021	No: 2017/04/1054	Maharashtra Medical Council, Mumbai

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	OBG	College of Physicians & Surgeons of Mumbai	01/08/2018	31/07/2021	2 Years
Senior Resident	OBG	A.J. Institute of Medical Sciences & Research Centre, Mangalore	17/04/2021	Till Date	