

FACULTY INFORMATION

Name : **Dr. Manjushree Prabhu**

Date of Birth & Age : **02/11/1991**

Present Designation : **Tutor**

Department : **Pathology**

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

City : **Mangaluru**

Campus Address of Resident : **Resident Quarters No.202
AJIMS&RC Campus,
Mangalore**

Permanent Address of Resident : **S/o Mr. Prakash Prabhu M
Sri Satyadevatha Kripa
Pai Caterers, Dongerkery
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Phone & Fax Number With Code : Office : **0824 - 2225533(with STD code)**
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Mobile Number : **9901602222**

Date of joining present institution : **May 12, 2019 as Tutor**



Qualifications:

Qualification	College	University	Year	Registration No. of UG & PG with date	Name of the State Medical Council
MBBS	A.J.Institute of Medical Sciences Mangalor	RGUHS University	May 2017	No:120049 Dt: 19/05/2017	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
Tutor - 1	Pathology	A.J. Institute of Medical Sciences & Research Centre, Mangalore	12/05/2019	11/05/2020	1 Year
Tutor - 2	Pathology	A.J. Institute of Medical Sciences & Research Centre, Mangalore	12/05/2020		