

## FACULTY INFORMATION

Name : **Dr. Mayur S Kumar**

Date of Birth & Age : **02/01/1994**

Present Designation : **Junior Resident**

Department : **Anaesthesiology**

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

City : **Mangaluru**

Campus Address of Resident : **Resident Quarters No. 104  
AJIMS&RC Campus,  
Mangalore**

Permanent Address of Resident : **S/o Mr. Suresh Kumar Jogi  
'Silver Valley', Vyasaganar  
Behind KPT Grounds  
Kadri Hills  
Mangalore - 575004**

Phone & Fax Number With Code : Office : **0824 - 2225533(with STD code)**  
E-mail address : **mayurskaterboy@gmail.com**  
Mobile Number: **9741159177**

Date of joining present institution : **May 02, 2019 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>Vijayanagara Institute of Medical Sciences, Bellary</b>	<b>RGUHS University</b>	<b>March 2018</b>	<b>No.124329 Dt:16/04/2018</b>	<b>Karnataka Medical Council</b>

### **Details of the previous appointments/ 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>Anaesthesia</b>	<b>A.J. Institute of Medical Sciences &amp; Research Centre, Mangalore</b>	<b>02/05/2019</b>	<b>Till Date</b>	