

## FACULTY INFORMATION



Name : **Dr. Naidila Jain**  
Date of Birth & Age : **02/03/1995**  
Present Designation : **Junior Resident**  
Department : **Psychiatry**  
College : **A. J. Institute of Medical Sciences & Research Centre**  
City : **Mangaluru**  
Campus Address of Resident : **Resident Quarters No.701  
AJIMS&RC Campus,  
Mangalore**  
Permanent Address of Resident : **D/o Mr. Rathnakar Jain  
#3-23-2016/2  
Upasana Kadri Temple Road  
Kadri Mangalore - 575002**  
Phone & Fax Number With Code : Office : **0824 - 2225533(with STD code)**  
E-mail address : **naidilajain@gmail.com**  
Mobile Number : **8792063707**  
Date of joining present institution : **August 26, 2020 as Junior Resident**

### **Qualifications:**

Qualification	College	University	Year	Registration No. of UG & PG with date	Name of the State Medical Council
MBBS	<b>A.J. Institute of Medical College &amp; Research Centre, Mangalore</b>	<b>Rajiv Gandhi University of Health Sciences, Bangalore</b>	<b>2019</b>	<b>No.129697 Dt: 30/03/2019</b>	<b>Karnataka Medical Council</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>Psychiatry</b>	<b>A.J. Institute of Medical Sciences &amp; Research Centre, Mangalore</b>	<b>26/08/2020</b>	<b>Till Date</b>	