

FACULTY INFORMATION



Name : **Dr. Nithin H S**

Date of Birth & Age : **27/10/1992**

Present Designation : **Junior Resident**

Department : **General Medicine**

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

City : **Mangaluru**

Campus Address of Resident : **Residents Quartetrs No.306
AJIMS Campus,
Kuntikana, Mangalore**

Residential Address of Resident : **#719, 16th Main
Saraswathipuram
Mysore - 570009**

Phone & Fax Number With Code : Office : **0824 - 2225533(with STD code)**
E-mail address : **nithin.nhs@gmail.com**
Mobile Number : **9591127261**

Date of joining present institution : **May 26, 2018 as Junior Resident**

Qualifications:

Qualification	College	University	Year	Registration No. of UG & PG with date	Name of the State Medical Council
MBBS	K.V.G. Medical College, Sullia	Rajiv Gandhi University of Health Sciences, Bangalore	October 2016	No. 116219 Dt: 21/10/2016	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 - 1	General Medicine	A. J. Institute of Medical Sciences & Research Centre, Mangaluru	26/05/2018	25/05/2019	1 Year
Junior Resident - 2	General Medicine	A. J. Institute of Medical Sciences & Research Centre, Mangaluru	26/05/2019	25/05/2020	1 Year
Junior Resident - 3	General Medicine	A. J. Institute of Medical Sciences & Research Centre, Mangaluru	26/05/2020	Till Date	