

FACULTY INFORMATION



Name : **Dr. Prabhina K P**

Date of Birth & Age : **21/08/1992**

Present Designation : **Tutor**

Department : **Pathology**

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

City : **Mangaluru**

Campus Address of Resident : **Resident Quarters No.G1
AJIMS&RC Campus,
Mangalore**

Permanent Address of Resident : **S/o Mr. K C Prabhakaran
Udayam, Devagiri
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Phone & Fax Number With Code : Office : **0824 - 2225533(with STD code)**
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Date of joining present institution : **May 02, 2019 as Tutor**

Qualifications:

Qualification	College	University	Year	Registration No. of UG & PG with date	Name of the State Medical Council
MBBS	MES Medical College, Perinthalmanna	Kerala University	Oct 2016	No:59101 Dt: 21/10/2016	The Travancore Cochin 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	02/05/2019	01/05/2020	1 Year
Tutor - 2	Pathology	A.J. Institute of Medical Sciences & Research Centre, Mangalore	02/05/2020	01/05/2021	1 Year
Tutor - 3	Pathology	A.J. Institute of Medical Sciences & Research Centre, Mangalore	02/05/2021	Till Date	