

## FACULTY INFORMATION



Name : **Dr. Prithvi Raj B H**  
Date of Birth & Age : **29/11/1994**  
Present Designation : **Junior Resident**  
Department : **General Medicine**  
College : **A. J. Institute of Medical Sciences & Research Centre**  
City : **Mangaluru**  
Campus Address of Resident : **Resident Quarters No.307  
AJIMS&RC Campus,  
Mangalore**  
Permanent Address of Resident : **S/o Mr. Honna Shetty B J  
#356, Nelligudda Tank Road  
Bidadi, Ramanagara  
Bengaluru - 562109**  
Phone & Fax Number With Code : Office : **0824 - 2225533(with STD code)**  
E-mail address : **prithviraj.bhshetty07@gmail.com**  
Mobile Number : **9632359598**  
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 |
|---------------|--|--|-------------|---------------------------------------|-----------------------------------|
| <b>MBBS</b>   | <b>Raja Rajeshwari Medical College and Hospital, Bangalore</b> | <b>Rajiv Gandhi University of Health Sciences, Bengaluru</b> | <b>2018</b> | <b>No: 126271<br/>Dt: 26/09/2018</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>General Medicine</b> | <b>A.J. Institute of Medical Sciences &amp; Research Centre, Mangalore</b> | <b>26/08/2020</b> | <b>Till Date</b> |                                    |