

FACULTY INFORMATION

Name : **Dr. Rahul P Kulkarni**

Date of Birth & Age : **27/02/1995**

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. Prasad G Kulkarni
#119, 16th Cross
1st Block, Rajajinagar
Bengaluru – 560 010**

Phone & Fax Number With Code : Office : **0824 - 2225533(with STD code)**
E-mail address : **kulkarni.rahul2702@gmail.com**
Mobile Number : **8861401762**

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	ESI Postgraduate Institute of Medical Sciences & Research, Bangalore	Rajiv Gandhi University of Health Sciences, Bangalore	2019	No: 131620 Dt: 08/07/2019	Karnataka Medical Council

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, Mangalore	26/08/2020	Till Date	