

FACULTY INFORMATION



Name : **Dr. Rahul R Shetty**
Date of Birth : **12/03/1994**
Present Designation : **Tutor**
Department : **Microbiology**
College : **A. J. Institute of Medical Sciences & Research Centre**
City : **Mangaluru**

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Date of joining present institution: **April 08, 2021** as **Tutor**

Qualifications:

Qualification	College	University	Year	Registration No. of UG & PG with date	Name of the State Medical Council
MBBS	A.J.Institute of Medical Sciences & Research Centre, Mangaluru	Rajiv Gandhi University of Health Sciences, Bangalore	2018	No. 124932 Dt.30/04/2018	Karnataka Medical Council

Details of the teaching experience

Designation	Department	Name of Institution	Joining Date	Relieving Date	Total Experience in years & months
Tutor	Microbiology	A. J. Institute of Medical Sciences & Research Centre, Mangalore	08/04/2021	Till Date	