

FACULTY INFORMATION



Name : **Dr. Chintaman Ravindra Suvarna**

Date of Birth & Age : **08/05/1995**

Present Designation : **Junior Resident**

Department : **Dermatology**

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

City : **Mangaluru**

Campus Address of Resident : **Residents Quartets No.627
AJIMS Campus,
Kuntikana, Mangalore**

Residential Address of Resident : **S/o Mr. Ravindra Raju Suvarna
A-1302, Navbhar Apartments
Opp.Sukya Hospital
Lalubhai Park Extension
Vile Parle, West Mumbai - 400056**

Phone & Fax Number With Code : Office : **0824 - 2225533(with STD code)**
a. E-mail address : **chintamansuvarna1995@gmail.com**
Mobile Number : **7506470713**

Date of joining present institution : **December 26, 2020 as Junior Resident**

Qualifications:

Qualification	College	University	Year	Registration No. of UG & PG with date	Name of the State Medical Council
MBBS	Terna Medical College & Hospital Nerul, Navi Mumbai	Maharashtra University of Health Sciences, Nashik	2019	No.2019/04/24 04 Dt: 19/04/2019	Maharashtra 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	Dermatology	A. J. Institute of Medical Sciences & Research Centre, Mangaluru	26/08/2020	Till Date	