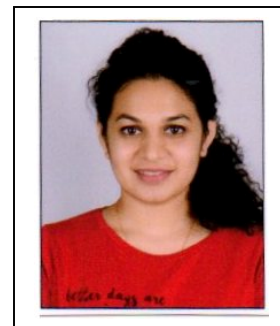


FACULTY INFORMATION



Name : **Dr. Rithika Salian**
Date of Birth & Age : **27/12/1994**
Present Designation : **Junior Resident**
Department : **Psychiatry**
College : **A. J. Institute of Medical Sciences & Research Centre**
City : **Mangaluru**
Campus Address of Resident : **Resident Quarters No.302
AJIMS&RC Campus,
Mangalore**
Permanent Address of Resident : **D/o Mr. Suresh Kumar
Hoige Bazar
'Rithika Garden'
B V Road, Attavara
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Phone & Fax Number With Code : Office : **0824 - 2225533(with STD code)**
E-mail address : **rithikasalian@yahoo.co.in**
Mobile Number : **7760239046**
Date of joining present institution : **May 02, 2019 as Junior Resident**

Qualifications:

Qualification	College	University	Year	Registration No. of UG & PG with date	Name of the State Medical Council
MBBS	A.J. Institute of Medical College & Research Centre, Mangalore	Rajiv Gandhi University of Health Sciences, Bangalore	March 2018	No:124937 Dt: 30/04/2018	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	Psychiatry	A.J. Institute of Medical Sciences & Research Centre, Mangalore	02/05/2019	01/05/2020	1 Year
Junior Resident - 2	Psychiatry	A.J. Institute of Medical Sciences & Research Centre, Mangalore	02/05/2020	01/05/2021	1 Year
Junior Resident - 3	Psychiatry	A.J. Institute of Medical Sciences & Research Centre, Mangalore	02/05/2021	Till Date	