

FACULTY INFORMATION



Name : **Dr. Saniya K Salim**

Date of Birth : **02/01/1991**

Present Designation : **Tutor**

Department : **Community Medicine**

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

City : **Mangaluru**

Campus Address of Resident : **Resident Quarters No. 507
AJIMS&RC Campus
Kuntikana
Mangalore - 575004**

Residential Address of employee : **D/o Mr. Salim K.M
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Date of joining present institution: **August 26, 2020 as Tutor**

Qualifications

Qualification	College	University	Year	Registration No. of UG & PG with date	Name of the State Medical Council
MBBS	M.E.S. Medical College, Perinthal Manna	Calicut University	2015	No: 56167 Dt:05/01/2016	The Travancore Cochin Council

Details of the teaching experience

Designation	Department	Name of Institution	From DD/MM/YY	To DD/MM/YY	Total Experience in years & months
Tutor - 1	Community Medicine	A. J. Institute of Medical Sciences, Mangaluru	26/08/2020	Till Date	