

## FACULTY INFORMATION



Name : **Dr. Shabanaz**  
Date of Birth : **23/11/1991**  
Present Designation : **Tutor**  
Department : **Community Medicine**  
College : **A. J. Institute of Medical Sciences & Research Centre**  
City : **Mangaluru**  
Residential Address of employee : **D/o Mr. G. Mohammed  
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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	A.J.Institute of Medical Sciences & Research Centre, Mangalore	Rajiv Gandhi University of Health Sciences, Bangalore	2016	No: 115998 Dt:07/09/2016	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
Tutor - 1	Community Medicine	A. J. Institute of Medical Sciences, Mangaluru	26/08/2020	Till Date	