

FACULTY INFORMATION

Name : **Dr. Sijy Andrews**

Date of Birth & Age : **16/06/1993**

Present Designation : **Junior Resident**

Department : **OBG**

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

City : **Mangaluru**

Campus Address of Resident : **Resident Quarters No.309
AJIMS&RC Campus,
Mangalore**

Permanent Address of Resident : **D/o Mr. Chirayath Joseph Andrews
Chirayath Manjila House
Nettisseri Post
Thrissur
Kerala - 680001**

Phone & Fax Number With Code : Office : **0824 - 2225533(with STD code)**
E-mail address : **sijyandrews.sa@gmail.com**
Mobile Number : **9746833147**

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



Qualifications:

Qualification	College	University	Year	Registration No. of UG & PG with date	Name of the State Medical Council
MBBS	Amala Institute of Medical Sciences, Thrissur	Kerala University	2018	No: 65280 Dt: 14/02/2018	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
Junior Resident - 1	OBG	A.J. Institute of Medical Sciences & Research Centre, Mangalore	26/08/2020	Till Date	