

## **FACULTY INFORMATION**

Name : **Dr. Swathi S.**

Date of Birth & Age : **27/06/1994**

Present Designation : **Junior Resident**

Department : **General Medicine**

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

City : **Mangaluru**

Campus Address of Resident : **Residents Quartets No.205  
AJIMS Campus,  
Kuntikana, Mangalore**

Residential Address of Resident : **"Shree Kripa", D.No.3-1460/3  
K.V.Shenoy Layout  
Darbe, Puttur - 574202**

Phone & Fax Number With Code : Office : **0824 - 2225533(with STD code)**  
E-mail address : **swathis31994@gmail.com**  
Mobile Number : **9481756807**

Date of joining present institution : **May 10, 2018 as Junior Resident**



### **Qualifications:**

Qualification	College	University	Year	Registration No. of UG & PG with date	Name of the State Medical Council
MBBS	<b>Father Muller Institute of Medical Education &amp; Research, Mangalore</b>	<b>Rajiv Gandhi University of Health Sciences, Bengaluru</b>	<b>March 2018</b>	<b>No. 122340 Dt: 19/03/2018</b>	<b>Karnataka Medical Council</b>

### Details of the teaching experience

Designation	Department	Name of Institution	From DD/MM/YY	To DD/MM/YY	Total Experience in years & months
<b>Junior Resident - 1</b>	<b>General Medicine</b>	<b>A. J. Institute of Medical Sciences &amp; Research Centre, Mangaluru</b>	<b>10/05/2018</b>	<b>09/05/2019</b>	<b>1 Year</b>
<b>Junior Resident - 2</b>	<b>General Medicine</b>	<b>A. J. Institute of Medical Sciences &amp; Research Centre, Mangaluru</b>	<b>10/05/2019</b>	<b>09/05/2020</b>	<b>1 Year</b>
<b>Junior Resident - 3</b>	<b>General Medicine</b>	<b>A. J. Institute of Medical Sciences &amp; Research Centre, Mangaluru</b>	<b>10/05/2020</b>	<b>Till Date</b>	