

FACULTY INFORMATION

Name : **Dr. Balusu Tharuni Chowdary**

Date of Birth & Age : **29/08/1994**

Present Designation : **Junior Resident**

Department : **Ophthalmology**

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

City : **Mangaluru**

Campus Address of Resident : **Resident Quarters No.803
AJIMS&RC Campus,
Mangalore**

Permanent Address of Resident : **D/o Mr. Balusu Raghuvveer
3-58/1, Edupugallu
Kanakipadu Mandalam
Krishna Dist
Andhra Pradesh - 521151**

Phone & Fax Number With Code : Office : **0824 - 2225533(with STD code)**
E-mail address : **tharunichowdary111@gmail.com**
Mobile Number : **8105288834**

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	M R Medical College, Gulbarga	RGUHS University	March 2019	130912 Dt: 04/05/2019	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	Ophthalmology	A.J. Institute of Medical Sciences & Research Centre, Mangalore	17/05/2019	16/05/2020	1 Year
Junior Resident - 2	Ophthalmology	A.J. Institute of Medical Sciences & Research Centre, Mangalore	17/05/2020	Till Date	