

## **FACULTY INFORMATION**



Name : **Dr. Vaishakh B V**

Date of Birth & Age : **01/09/1995**

Present Designation : **Junior Resident**

Department : **Orthopaedics**

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

City : **Mangaluru**

Campus Address of Resident : **Resident Quarters No.709  
AJIMS&RC Campus,  
Mangalore**

Permanent Address of Resident : **S/o Mr. Vishnubhat B  
'Anurag' Nilaya,  
Kanyadi II, Dharmasthala  
Belthangady – 574216**

Phone & Fax Number With Code : Office : **0824 - 2225533(with STD code)**  
E-mail address : **vaishakh.bv@gmail.com**  
Mobile Number : **9480759880**

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
<b>MBBS</b>	<b>Kasturba Medical College, Mangalore</b>	<b>Manipal Academy of Higher Education, Manipal</b>	<b>2019</b>	<b>No: 129227 Dt:27/03/2019</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>Orthopaedics</b>	<b>A.J. Institute of Medical Sciences &amp; Research Centre, Mangalore</b>	<b>26/08/2020</b>	<b>Till Date</b>	