

## **FACULTY INFORMATION**



Name : **Dr. Varsha K R**

Date of Birth & Age : **10/02/1995**

Present Designation : **Junior Resident**

Department : **OBG**

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

City : **Mangaluru**

Campus Address of Resident : **Resident Quarters No.710  
AJIMS&RC Campus,  
Mangalore**

Permanent Address of Resident : **D/o Mr. K. Ravichandra  
No.1267, "Sumana Nilaya"  
1<sup>st</sup> Main Road,  
Kurubepet  
Kolar - 563101**

Phone & Fax Number With Code : Office : **0824 - 2225533(with STD code)**  
E-mail address : **varsha.ravichandra@gmail.com**  
Mobile Number : **9686439282**

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>Sapthagiri Institute of Medical Sciences &amp; Research Centre, Bangalore</b>	<b>Rajiv Gandhi University of Health Sciences, Bangalore</b>	<b>2018</b>	<b>No: 125185 Dt: 10/05/2018</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>OBG</b>	<b>A.J. Institute of Medical Sciences &amp; Research Centre, Mangalore</b>	<b>26/08/2020</b>	<b>Till Date</b>	