

FACULTY INFORMATION

Name : **Dr. Vijaya Kumar R**

Date of Birth & Age : **15/06/1976**

Present Designation : **Assistant Professor**

Department : **General Medicine**

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

City : **Mangaluru**

Residential Address of employee : **Staff Quarters No. 12
AJIMS&RC Campus
Kuntikana, Mangalore**

Phone & Fax Number With Code : Office : **0824-2225533**
Mobile Number : **8867241428**

Date of joining present institution : **January 01, 2021 as Assistant Professor**



Qualifications:

Qualification	Collge	University	Year	Registration No. of UG & PG with date	Name of the State Medical Council
MBBS	Mysore Medical College, Mysore	Mysore University	Sep 2000	No:57250 Dt:25.09.2000	Karnataka Medical Council
MD (General Medicine)	Govt. Medical College, Mysore	Rajiv Gandhi University of Health Sciences, Bangalore	Apr 2005	No:57250 Dt:1109.2012	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	General Medicine	Mysore Medical College, Mysore	25/03/2002	31/03/2005	3 Years
Assistant Professor	General Medicine	Yenepoya Medical College, Mangalore	06/08/2012	31/07/2014	1 Year 11 Months 25 Days
Senior Resident	General Medicine	A. J. Institute of Medical Sciences & Research Centre, Mangaluru	17/10/2014	31/05/2015	7 Months 14 Days
Assistant Professor	General Medicine	A. J. Institute of Medical Sciences & Research Centre, Mangaluru	01/06/2015	31/05/2017	2 Years
Assistant Professor	General Medicine	A. J. Institute of Medical Sciences & Research Centre, Mangaluru	01/01/2021	Till Date	