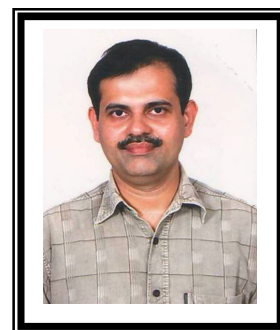


FACULTY INFORMATION



Name : **Dr. Vijesh Kumar K.S**

Date of Birth & Age : **13/05/1971**

Present Designation : **Senior Resident**

Department : **Anesthesiology**

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

City : **Mangaluru**

Campus Address of Resident : **Resident Quarters No. 805,
AJIMS Campus,
Kuntikana, Mangalore**

Permanent Address of Resident : **Shiva Kiran, Gurupura
Kaikamba, Kinnikambla
Post, Mangalore 574151.**

Phone & Fax Number With Code : Office : **0824 – 2225533 (With STD Code)**
Residence: **0824-2259330 (With STD Code)**
E-mail address : **viju_oxy@yahoo.co.in**
Mobile Number: **9448026714**

Date of joining present institution : **June 16, 2010 as Senior Resident**

Qualifications:

Qualification	College & Univ.	University	Year	Registration No. of UG & PG with date	Name of the State Medical Council
MBBS	Kasturba Medical College, Mangalore	Mangalore University	Dec 1994	No.39983, dt. 02.01. 1995	Karnataka Medical Council
DA (Anesthesia)	Kasturba Medical College, Manipal	MAHE	Nov 2000	No. 39983 dt. 13.06. 2003	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
Resident	Anaesthesia	Kasturba Medical College, Manipal	May 1998	Nov 2000	2 Years 7 Months
Tutor	Anaesthesia	K.S.Hegde Medical Academy, Mangalore	01/01/2001	01/09/2003	2 Years 8 Months
Tutor	Anaesthesia	Kasturba Medical College, Mangalore	01/01/2004	15/03/2008	4 Years 2 Months 15 Days
Senior Resident	Anaesthesia	Yenepoya Medical College, Mangalore	17/03/2008	15/06/2010	2 Years 2 Months 29 Days
Senior Resident	Anaesthesia	A.J. Institute of Medical Sciences & Research Centre, Mangaluru	16/06/2010	Till Date	