

FACULTY INFORMATION

Name : **Dr. Vinay Kumar V**
Date of Birth : **17/10/1982**
Present Designation : **Associate Professor**
Department : **Anatomy**
College : **A. J. Institute of Medical Sciences &
Research Centre**
City : **Mangaluru**



Residential Address of employee : **S S/o H. Veeranna Setty
"Sanvi Sheree"
D.No.1/17/453
7th Cross, 2nd Main
Landlinks Township
Derebail Konchady
Mangalore - 575008**

Phone & Fax Number with code: Office : **0824 - 2225533**
E-mail address : **dr7795767676@gmail.com**
Mobile Number : **7795767676**

Date of joining present institution : **September 03, 2019** as **Associater Professor**

Qualifications:

Qualification	College	University	Year	Registration No. of UG & PG with date	Name of the State Medical Council
MBBS	Sri Siddhartha Medical College, Tumkur	Rajiv Gandhi University of Health Sciences, Bangalore	April 2006	No: 73737 Dt: 09.05.2006	Karnataka Medical Council
M.D. Anatomy	Kasturba Medical College, Manipal	Manipal University	April 2009	No: 73737 Dt: 09.06.2009	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
Tutor	Anatomy	Kasturba Medical College, Mangalore	May 2006	Apr 2009	3 Years
Assistant Professor	Anatomy	K.S.Hegde Medical Academy, Mangalore	18/05/2009	20/08/2013	4 Years 3 Months 2 Days
Associate Professor	Anatomy	K.S.Hegde Medical Academy, Mangalore	21/08/2013	19/07/2017	3 Years 10 Months 28 Days
Professor	Anatomy	K.S.Hegde Medical Academy, Mangalore	20/07/2017	31/08/2019	2 Years 1 Month 11 Days
Professor	Anatomy	A.J.Institute of Medical Sciences & Research Centre, Mangalore	03/09/2019		