

FACULTY INFORMATION



Name : **Dr. Vinay Vasu Bangera**

Date of Birth & Age : **20/6/1975**

Present Designation : **Assistant Professor**

Department : **Orthopaedics**

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

City : **Mangaluru**

Residential Address of Employee : **Samruddhi, Paduthota House,
Uliyargoli Village, Kaup Kalya
Udupi**

Phone & Fax Number With Code : Office : **0824 - 2225533(with STD code)**
Residence : -
E-mail address : **drvbangera@gmail.com**
Mobile Number : **9916007407**

Date of joining present institution : **December 01, 2010 as Senior Resident**

Qualifications:

Qualification	College	University	Year	Registration No. of UG & PG with date	Name of the State Medical Council
MBBS	VIMS Bellary	Gulbarga University	Mar 2000	55097, March 27, 2000	Karnataka Medical Council
D' Orhto	AIMS Bellur	Rajiv Gandhi University of Health Sciences, Bangalore	April 2004	55097, June 23, 2004	Karnataka Medical Council
DNB Orthopaedics	Inlaks & BUDHRANI Hospital Pune	NBE New Delhi	Oct 2008	55097	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	Orthopaedics	AIMS Bellur	May 2002	April 2004	2 Years
Resident	Orthopaedics	Inlaks Budharnai Hospital Pune	Jan 2005	Dec 2006	2 Years
Sr. Resident	Orthopaedics	KVG Medical College Sullia	01/01/2008	30/11/2010	2 Years 11 Months
Sr. Resident	Orthopaedics	A. J. Institute of Med. Sciences & Research Centre, Mangalore	01/12/2010	18/11/2012	1 Year 11 Months 18 Days
Assistant Professor	Orthopaedics	A. J. Institute of Med. Sciences & Research Centre, Mangalore	19/11/2012	Till Date	