

FACULTY INFORMATION

Name : **Dr. I Vishanth Rai**

Date of Birth & Age : **12/09/1990**

Present Designation : **Junior Resident**

Department : **Orthopaedics**

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

City : **Mangaluru**

Campus Address of Resident : **Resident Quarters No.705
AJIMS&RC Campus,
Mangalore**

Permanent Address of Resident : **S/o Mr. Late I Subbaya Rai
#604, Castle Apartments
Opp. Canara Club
Kadri
Mangalore - 575002**

Phone & Fax Number With Code : Office : **0824 - 2225533(with STD code)**
E-mail address : **vishraj1990@gmail.com**
Mobile Number : **9035088541**

Date of joining present institution : **August 31, 2020 as Junior Resident**



Qualifications:

| Qualification | College | University | Year | Registration No. of UG & PG with date | Name of the State Medical Council |
|---------------|--|--|-------------|---------------------------------------|-----------------------------------|
| MBBS | A.J. Institute of Medical Sciences & Research Centre, Mangalore | Rajiv Gandhi University of Health Sciences, Bangalore | 2017 | No: 120420 Dt:20/07/2017 | 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 - 1 | Orthopaedics | A.J. Institute of Medical Sciences & Research Centre, Mangalore | 31/08/2020 | Till Date | |