

1. Name of the faculty Dr. AKSHAILEKSHMI.P B.S.M.S, MSc, M.B.A.
2. Designation Lecturer
3. Department ANATOMY
4. Date of Joining 17/08/2023
5. Contact Number 7347433614
6. E- Mail [dr.akshailekshmi@rajasdentalcollege.edu.in](mailto:dr.akshailekshmi@rajasdentalcollege.edu.in)



#### QUALIFICATIONS :

Degree	College of Study	University	Year & Month of Passing	Speciality	Registration No. of UG & PG with date	Name of the State Council
B.S.M.S	ATSVS Siddha Medical College	The Tamilnadu Dr.MGR Medical University	May 2013	Siddha	4276	Tamilnadu Siddha Medical Council
M.Sc	Sri Ramachandra University	Sri Ramachandra University	June 2016	Human Anatomy (Medical)	-	-
MBA	Manipal Institute of Higher Education	Manipal Institute of Higher Education	2025sep	Administr ation and hospital managem nt	-	-

#### Teaching experience

Position	Name of Institution	From	To	Total Experience Year-Month-Day
Lecturer (Full-time)	RAJAS DENTAL COLLEGE & HOSPITAL	17/08/2023	TILL DATE	2years 25 DAYS