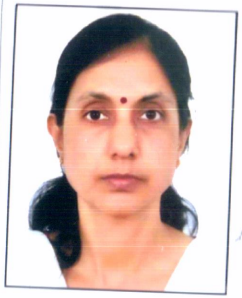
Details of Faculty for NMC

(Please fill in CAPITAL Letteres)

Name	DR. NIDHI PANDEY
Designation	PROFESSOR
Deptt Name	OPHTHALMOLOGY
Education (UG/MD/MS)	MS
CGMC Reg. No	CGMC 6427/2016



If Contractual Define Period----------

HOD Sign.

Emp Signature

Details of Faculty for NMC

(Please fill in CAPITAL Letteres)

Name	SWATI KUJUR
Designation	ASSOCIATE PROF.
Deptt Name	OPHTHALMOLOGY
Education (UG/MD/MS)	MS
CGMC Reg. No	108/2003

If Contractual Define Period----------

HOD Sign.

Emp Signature

Details of Faculty for NMC

(Please fill in CAPITAL Letteres)

Name	Dr RESHU MALHOTRA
Designation	ASSOCIATE PROFESSOR
Deptt Name	OPHTHALMOLOGY
Education (UG/MD/MS)	M.S OPHTHALMOLOGY
CGMC Reg. No	

If Contractual Define Period----------

HOD Sign. for Jurat

Emp Signature

Details of Faculty for NMC

(Please fill in CAPITAL Letteres)

Name	JAYSHREE SALAM
Designation	ASSOCIATE PROF
Deptt Name	OPHTHALMOLOGY
Education (UG/MD/MS)	MBBS. MS.
CGMC Reg. No	6800/2016.

If Contractual Define Period---------- ------

HOD Sign. Jurat

Salam

Emp Signature

Details of Faculty for NMC

(Please fill in CAPITAL Letteres)

Name	DR. ANJU BHASKAR
Designation	ASSISTANT PROFESSOR
Deptt Name	OPHTHALMOLOGY
Education (UG/MD/MS)	M.S. OPHTHALMOLOGY
CGMC Reg. No	CGMC 4052/2012

If Contractual Define Period----------

HOD Sign for

Prof & Professor
Department of Ophthalmology
Medical College, Raipur (C.G.)

Emp Signature

Details of Faculty for NMC

(Please fill in CAPITAL Letteres)

Name	DR. VINANTI MOTIRAM KANGALE
Designation	ASSISTANT. PROF
Deptt Name	OPHTHALMOLOGY.
Education (UG/MD/MS)	MS
CGMC Reg. No	CGMC.

Details of Faculty for NMC

(Please fill in CAPITAL Letteres)

Name	SANGEETA THAKUR
Designation	ASSISTANT PROFESSOR
Deptt Name	OPHTHALMOLOGY
Education (UG/MD/MS)	M.S. OPHTHALMOLOGY
CGMC Reg. No	4046/2012

Dr. Sangeeta Thakur

If Contractual Define Period----------

HOD Sign.

Sangeeta

Emp Signature

Details of Faculty for NMC

(Please fill in CAPITAL Letteres)

Name	Dr SMRITI GUPTA
Designation	ASSISTANT PROFESSOR
Deptt Name	OPHTHALMOLOGY
Education (UG/MD/MS)	MS OPHTHALMOLOGY
CGMC Reg. No	

If Contractual Define Period

Details of Faculty for NMC

(Please fill in CAPITAL Letteres)

Name	DR. MONIKA SINGH THAKUR
Designation	ASST. PROFESSOR
Deptt Name	OPHTHALMOLOGY
Education (UG/MD/MS)	M.S. (OPHTHACMOLOGY)
CGMC Reg. No	9638/2020

If Contractual Define Period----------

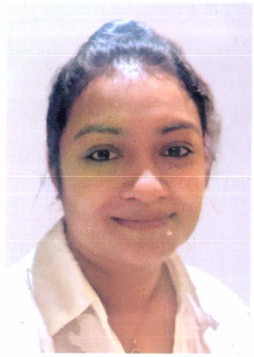
HOD Sign.

Emp Signature

Details of Faculty for NMC

(Please fill in CAPITAL Letteres)

Name	AMRITA VERMA
Designation	ASSISTANT PROF.
Deptt Name	OPHTHALMOLOGY
Education (UG/MD/MS)	MS
CGMC Reg. No	CGMC



If Contractual Define Period---------- September '23 - Sep' 24

HOD Sign.

Emp Signature

Details of Faculty for NMC

(Please fill in CAPITAL Letteres)

Name	DR MUKESH KUMAR BHAGAT
Designation	DEMONSTRATOR
Deptt Name	OPHTHALMOLOGY
Education (UG/MD/MS)	M.S. OPHTHALMOLOGY
CGMC Reg. No	CGMC 2237/2009

If Contractual Define Period ---- NA

HOD Sign.

Emp Signature

Details of Faculty for NMC

(Please fill in CAPITAL Letteres)

Name	SWATI JAIN.
Designation	SENIOR RESIDENT.
Deptt Name	OPHTHALMOLOGY.
Education (UG/MD/MS)	MS. (OPHTHALMOLOGY)
CGMC Reg. No	10068/2020.

If Contractual Define Period----------

HOD Sign.

Emp Signature

Details of Faculty for NMC

(Please fill in CAPITAL Letteres)

Name	Dr. PRANJAL MISHRA.
Designation	SENIOR RESIDENT
Deptt Name	OPHTHALMOLOGY
Education (UG/MD/MS)	OPHTHALMOLOGY (DNB) FELLOW VITREO-RETINA).
CGMC Reg. No	

If Contractual Define Period----------

HOD Sign.

Emp Signature