

### Details of Faculty for NMC

(Please fill in CAPITAL Letteres)

Name	M	R	I	T	Y	V	N	J	A	Y	K	V	M	A
	R		S	I	N	G	H							
Designation	P R O F E S S O R													
Deptt Name	S K I N R E V. D.													
Education (UG/MD/MS)	M.B.B.S., M.D. (SKIN & V.D.)													
CGMC Reg. No	CGMC + 3431 / 2011													



If Contractual Define Period-----

HOD Sign.

Emp Signature

### Details of Faculty for NMC

(Please fill in CAPITAL Letteres)

Name	D	R		V	I	N	O	D		K	O	S	H	L	E	Y
Designation	A S S O C I A T E P R O F E S S O R															
Deptt Name	D E R M A T O L O G Y															
Education (UG/MD/MS)	MBBS, MD															
CGMC Reg. No	554/06															



If Contractual Define Period-----

HOD Sign.

Emp Signature

### Details of Faculty for NMC

(Please fill in CAPITAL Letteres)

Name	A	K	A	N	K	S	H	A								
	B	A	N	D	H	A	D	E								
Designation	A	S	S	I	S	T	A	N	T		P	R	O	F		
Deptt Name	S	K	I	N												
Education (UG/MD/MS)	MD															
CGMC Reg. No	5418/2014															



If Contractual Define Period  
HOD Sign.

*[Handwritten Signature]*

*[Handwritten Signature]*  
Emp Signature

### Details of Faculty for NMC

(Please fill in CAPITAL Letteres)

Name	G	O	N	G	A	L	E		S	A	Y	A	L	I		
	P	U	R	A	N	I	K									
Designation	A	S	S	T				P	R	O	F	E	S	S	O	R
Deptt Name	D	E	R	M	A	T	O	L	O	G	Y					
Education (UG/MD/MS)	MBBS / M.D.- DERMATOLOGY, VENERELOGY, LEPROSY															
CGMC Reg. No	2024/14363															



If Contractual Define Period- 23/12/23 - 22/12/24

*[Handwritten Signature]*