Details of Faculty for NMC

(Please fill in CAPITAL Letteres)

Name	DR DEVPRIYA LAKRA
Designation	PROFESSOR
Deptt Name	GEN MEDICINE
Education (UG/MD/MS)	MBBS (MEDICINE)
CGMC Reg. No	14384

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

HOD Sign.

Professor & Head
Department of Medicine
Dr.B.R.Ambedkar M.Hospital &
Pt.J.N.M.Medical College
Raipur (C.G.)

6/08/24

Emp Signature

1/8/24

Details of Faculty for NMC

(Please fill in CAPITAL Letteres)

Name	DR RAJEEV LOCHAN KHARE
Designation	PROFESSOR
Deptt Name	MEDICINE
Education (UG/MD/MS)	MBBS, MD (MEDICINE).
CGMC Reg. No	CGMC- 64/2003

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

HOD Sign.

Professor & Head
Department of Medicine
Dr.B.R.Ambedkar M.Hospital &
Pt.J.N.M.Medical College

06/08/24

Emp Signature

Details of Faculty for NMC

(Please fill in CAPITAL Letteres)

Name	YOGENDRA MALHOTRA
Designation	PROFESSOR
Deptt Name	MEDICINE
Education (UG/MD/MS)	MBBS / MD (GEN. MEDICINE)
CGMC Reg. No	CGMC 0057/2003

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

HOD Sign.

Professor & Head
Department of Medicine
Dr.B.R.Ambedkar M.Hospital &
PtJ.N.M.Medical College
Raipur (C.G.)

6/8/24

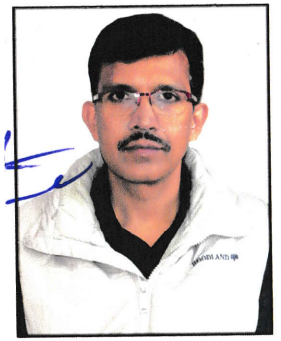
1/8/24

Emp Signature

Details of Faculty for NMC

(Please fill in CAPITAL Letteres)

Name	DR ROHINI KUMAR PATEL
Designation	ASSO PROFESSOR
Deptt Name	MEDICINE
Education (UG/MD/MS)	MD (MEDICINE)
CGMC Reg. No	CGMC/687/2007



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

HOD Sign.

Professor & Head
Department of Medicine
Dr.B.R.Ambedkar M.Hospital &
PtJ.N.M.Medical College

Emp Signature

Details of Faculty for NMC

(Please fill in CAPITAL Letteres)

Name	DR SURESH CHAND RAVANSHI
Designation	ASSOCIATE PROF.
Deptt Name	MEDICINE
Education (UG/MD/MS)	MD
CGMC Reg. No	CGMC/1629

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

HOD Sign.

Professor & Head
Department of Medicine
Dr.B.R.Ambedkar M.Hospital &
Pt.J.N.M.Medical College
Raipur (C.G.)

Emp Signature

Details of Faculty for NMC

(Please fill in CAPITAL Letteres)

Name	ARCHANA TOPPO
Designation	ASSOCIATE PROF
Deptt Name	MEDICINE
Education (UG/MD/MS)	MD
CGMC Reg. No	3128

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

HOD Sign.

Professor & Head
Department of Medicine
Dr.B.R.Ambedkar M.Hospital &
Pt.J.N.M.Medical College

Emp Signature

Details of Faculty for NMC

(Please fill in CAPITAL Letters)

Name	MANISH PATIL
Designation	ASSOCIATE PROF
Deptt Name	MEDICINE
Education (UG/MD/MS)	M.D. MEDICINE
CGMC Reg. No	CGMC 487/2006

If Contractual Define Period---------- 9-06-2014 to 8-01-2016.

HOD Sign.

Professor & Head
Department of Medicine
Dr.B.R.Ambedkar M.Hospital &
R.I.N.M.Medical College

Emp Signature

Details of Faculty for NMC

(Please fill in CAPITAL Letters)

Name	PRACHI DUBEY.
Designation	ASSOCIATE PROF
Deptt Name	MEDICINE
Education (UG/MD/MS)	MD G. MEDICINE
CGMC Reg. No	CGMC 4142/2012

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

HOD Sign.

Professor & Head
Department of Medicine
Dr.B.R.Ambedkar M.Hospital &
R.I.N.M.Medical College

Prachi

Emp Signature

Details of Faculty for NMC

(Please fill in CAPITAL Letteres)

Name	VENUGOPAL MARGEKAR
Designation	ASSISTANT PROFESSOR
Deptt Name	MEDICINE
Education (UG/MD/MS)	M.B.B.S, M.D. MEDICINE
CGMC Reg. No	CGMC 6496/2016

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

HOD Sign.

06.10.2023 Date

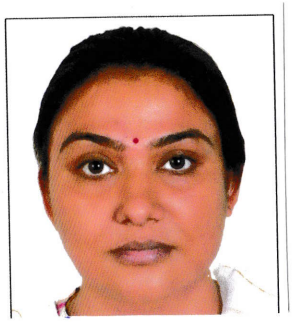
Professor & Head
Department of Medicine
Dr.B.R.Ambedkar M.Hospital &
Pt.J.N.M.Medical College
Raipur (C.G.)

Emp Signature

Details of Faculty for NMC

(Please fill in CAPITAL Letteres)

Name	HIMESHWARI VERMA
Designation	ASST. PROFESSOR
Deptt Name	MEDICINE
Education (UG/MD/MS)	MD
CGMC Reg. No	CGMC 2351/2009



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

HOD Sign.

Professor & Head
Department of Medicine
Dr.B.R.Ambedkar M.Hospital &
Pt.J.N.M.Medical College

Emp Signature H Verma

Details of Faculty for NMC

(Please fill in CAPITAL Letteres)

Name	NEMESH KUMAR SAHU
Designation	SENIOR RESIDENT
Deptt Name	MEDICINE
Education (UG/MD/MS)	MD
CGMC Reg. No	4118/2012

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

HOD Sign.

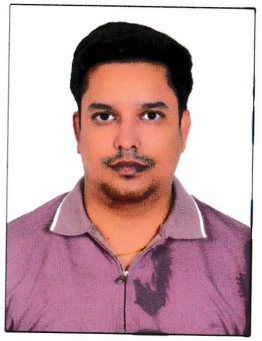
Professor & Head
Department of Medicine
Dr.B.R.Ambedkar M.Hospital &
Pt.J.N.M.Medical College
Raipur (C.G.)

Emp Signature

Details of Faculty for NMC

(Please fill in CAPITAL Letteres)

Name	ANKIT SHARMA
Designation	ASST PROF
Deptt Name	MEDICINE
Education (UG/MD/MS)	MD MEDICINE
CGMC Reg. No	CGMC 7971



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

HOD Sign.

Professor & Head
Department of Medicine
Dr.B.R.Ambedkar M.Hospital &
Pt.J.N.M.Medical College
Raipur (C.G.)

Emp Signature

Details of Faculty for NMC

(Please fill in CAPITAL Letteres)

Name	PREETI GUPTA
Designation	ASSISTANT PROF.
Deptt Name	MEDICINE
Education (UG/MD/MS)	MD
CGMC Reg. No	7241/2017

If Contractual Define Period---------- 9 month

HOD Sign.

Professor & Head
Department of Medicine
Dr.B.R.Ambedkar M.Hospital &
Pt.J.N.M.Medical College
Raipur (C.G.)

Emp Signature