Details of Faculty for NMC

(Please fill in CAPITAL Letteres)

Name	DR. ARVIND NERALWAR
Designation	PROFESSOR
Deptt Name	PATHOLOGY
Education (UG/MD/MS)	M.D. (Pathology)
CGMC Reg. No	CGMC 4224/2012

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

HOD Sign. Professor & H.O.D. Department of Pathology Pt. J.N.M. Medical College Raipur (C.G.)

Emp Signature

Details of Faculty for NMC

(Please fill in CAPITAL Letteres)

Name	RABIA PARVEEN SIDDIQUI
Designation	PROFESSOR
Deptt Name	PATHOLOGY
Education (UG/MD/MS)	MD (PATHOLOGY)
CGMC Reg. No	CGMC/Addl/061

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

HOD Sign. Professor & H.O.D. Department of Pathology Pt. J.N.M. Medical College Raipur (C.G.)

Emp Signature

Details of Faculty for NMC

(Please fill in CAPITAL Letteres)

Name	DR. CHANDRAKALA JOSHI
Designation	ASSOCIATE PROFESSOR
Deptt Name	PATHOLOGY
Education (UG/MD/MS)	MBBS, MD
CGMC Reg. No	1614/2008

If Contractual Define Period---- 07/03/24 to 06/03/25

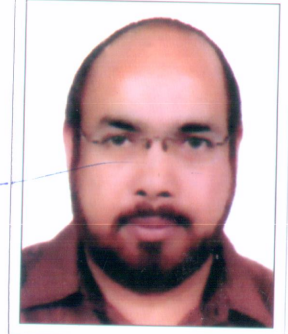
HOD Sign. Professor & H.O.D. Department of Pathology Pt. J.N.M. Medical College Raipur (C.G.)

Emp Signature Joshi

Details of Faculty for NMC

(Please fill in CAPITAL Letteres)

Name	VIJAY KAPSE
Designation	ASSOCIATE PROFESSOR (BLOOD BANK)
Deptt Name	DEPARTMENT OF PATHOLOGY.
Education (UG/MD/MS)	M.D. PATHOLOGY.
CGMC Reg. No	2540



If Contractual Define Period---- 14-09-2023 to 13-09-2024.

HOD Sign. Professor & H.O.D. Department of Pathology Pt. J.N.M. Medical College

Emp Signature

Details of Faculty for NMC

(Please fill in CAPITAL Letteres)

Name	DR. AMIT KUMAR BHARDWAJ
Designation	ASSOCIATE PROF
Deptt Name	PATHOLOGY
Education (UG/MD/MS)	MBBS, MD (PATHOLOGY)
CGMC Reg. No	1612/2008

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

HOD Sign.

Professor & H.O.D.
Department of Pathology
Pt. J.N.M. Medical College
Raipur (C.G.)

Emp Signature

Details of Faculty for NMC

(Please fill in CAPITAL Letteres)

Name	DR. VIKASH BOMBESHWAR
Designation	ASSISTANT PROF
Deptt Name	PATHOLOGY
Education (UG/MD/MS)	M.B.B.S. M.D. (PATHOLOGY)
CGMC Reg. No	CGMC-2567/2009

If Contractual Define Period---------- Professor & H.O.D.

Emp Signature

Details of Faculty for NMC

(Please fill in CAPITAL Letteres)

Name	DR RUCHI VARMA
Designation	ASST PROFESSOR
Deptt Name	DEPT OF PATHO
Education (UG/MD/MS)	MD
CGMC Reg. No	CGMC 3791/2011

If Contractual Define Period NA

HOD Sign. Professor & H.O.D. Department of Pathology Pt. J.N.M. Medical College Raipur (C.G.)

Ruchi Varma

Emp Signature

Details of Faculty for NMC

(Please fill in CAPITAL Letteres)

Name	DR. RITI SHARMA
Designation	ASST. PROFESSOR
Deptt Name	PATHOLOGY
Education (UG/MD/MS)	MD PATHOLOGY
CGMC Reg. No	3621/2011

If Contractual Define Period

HOD Sign. Professor & H.O.D. Department of Pathology Pt. J.N.M. Medical College Raipur (C.G.)

Emp Signature

Details of Faculty for NMC

(Please fill in CAPITAL Letteres)

Name	ANUBHAV CHANDRA KAR
Designation	ASSISTANT. PROF
Deptt Name	PATHOLOGY
Education (UG/MD/MS)	MD PATHOLOGY
CGMC Reg. No	4354/2012

Professor & H.O.D.
Department of Pathology
Pt. J.N.M. Medical College
Raipur (C.G.)

If Contractual Define Period

HOD Sign.

Emp Signature

Details of Faculty for NMC

(Please fill in CAPITAL Letteres)

Name	VANITA BHASKAR
Designation	ASSISTANT. PROF.
Deptt Name	PATHOLOGY
Education (UG/MD/MS)	M.D, DNB PATHOLOGY
CGMC Reg. No	C.G.M.C 2365/2009

Professor & H.O.D.
Department of Pathology
Pt. J.N.M. Medical College
Raipur (C.G.)

If Contractual Define Period

HOD Sign.

Emp Signature

Details of Faculty for NMC

(Please fill in CAPITAL Letteres)

Name	DR KASTURI MANG RULKAR
Designation	ASST PROFESSOR
Deptt Name	PATHOLOGY
Education (UG/MD/MS)	MD
CGMC Reg. No	6203/2015

If Contractual Define Period

HOD Sign.

Professor & H.O.D.
Department of Pathology
Pt. J.N.M. Medical College
Raipur (C.G.)

Emp Signature

Details of Faculty for NMC

(Please fill in CAPITAL Letteres)

Name	SAROJ KUMARI
Designation	DEMONSTRATOR
Deptt Name	PATHOLOGY
Education (UG/MD/MS)	UG - MBBS - M.G.M Medical College JAMSHEDPUR DNB - JLN HOSPITAL BHILAI
CGMC Reg. No	CGMC 8676/2019

If Contractual Define Period----

HOD Sign.

Professor & H.O.D.
Department of Pathology
Pt. J.N.M. Medical College

Saroj Kumari

Emp Signature

Details of Faculty for NMC

(Please fill in CAPITAL Letteres)

Name	SOODIT PAL
Designation	DEMONSTRATOR
Deptt Name	PATHOLOGY
Education (UG/MD/MS)	MBBS
CGMC Reg. No	1295/2008

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

HOD Sign. Professor & H.O.D. Department of Pathology Pt. J.N.M. Medical College Raipur (C.G.)

Emp Signature Soodit Pal

Details of Faculty for NMC

(Please fill in CAPITAL Letteres)

Name	DR. MEGHA VERMA
Designation	DEMONSTRATOR
Deptt Name	PATHOLOGY
Education (UG/MD/MS)	DCP
CGMC Reg. No	6973/2016

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

HOD Sign. Professor & H.O.D. Department of Pathology

Emp Signature Verma

Details of Faculty for NMC

(Please fill in CAPITAL Letteres)

Name	AVIRAL MISHRA
Designation	RESIDENT PATHOLOGIST.
Deptt Name	DEPARTMENT OF PATHOLOGY.
Education (UG/MD/MS)	M.B.B.S.
CGMC Reg. No	CGMC 2184/2009

If Contractual Define Period---NA

HOD Sign. Professor & H.O.D. Department of Pathology Pt. J.N.M. Medical College Raipur (C.G.)

Emp Signature

Details of Faculty for NMC

(Please fill in CAPITAL Letteres)

Name	DR VARSHA PANDEY
Designation	ASSO. PROFESSOR
Deptt Name	PATHOLOGY
Education (UG/MD/MS)	MD PATHOLOGY
CGMC Reg. No	CGMC/1479/2008

If Contractual Define Period---

HOD Sign. Professor & H.O.D. Department of Pathology College

Emp Signature

Details of Faculty for NMC

(Please fill in CAPITAL Letteres)

Name	DR. PUSHKAR CHAUDHARY
Designation	DEMONSTRATOR
Deptt Name	PATHOLOGY
Education (UG/MD/MS)	MD PATHOLOGY
CGMC Reg. No	4721/2013

If Contractual Define Period-----

HOD Sign.

Professor & H.O.D.
Department of Pathology
Government Medical College

Emp Signature