

(Please fill in CAPITAL Letteres)

Name	D	R		O	N	K	A	R		P	R	A	S	A	D
	K	H	A	N	D	W	A	L							
Designation	P	R	O	F	E	S	S	O	R						
Deptt Name	P	E	D	I	A	T	R	I	C	S					
Education (UG/MD/MS)	MD (PEDIATRICS)														
CGMC Reg. No	MP-2498														



If Contractual Define Period-----

HOD Sign.

Emp Signature

(Please fill in CAPITAL Letteres)

Name	D	R.		D	H	I	R	A	J		K	U	M	A	R
	S	O	L	A	N	K	I								
Designation	A	S	S	O.		P	R	O	F	E	S	S	O	R	
Deptt Name	P	E	D	I	A	T	R	I	C	S					
Education (UG/MD/MS)	MBBS, MD, DNB, DM ENDOCRINOLOGY														
CGMC Reg. No	CGMC-1350														



If Contractual Define Period-----

HOD Sign.

Emp Signature

Details of Faculty for NMC

(Please fill in CAPITAL Letteres)

Name	D	R	A	K	P	R	A	T	J	M	A				
	B	E	C	K											
Designation	A	S	S	O		P	R	O	F	E	S	S	O	R	
Deptt Name	P	E	D	I	A	T	R	I	C	S					
Education (UG/MD/MS)	MD PEDIATRICS														
CGMC Reg. No	12900														



If Contractual Define Period-----

HOD Sign.

A. K. Pradine Beck

Emp Signature

Details of Faculty for NMC

(Please fill in CAPITAL Letteres)

Name	D	R		V	I	R	E	N	D	R	A				
	K	U	R	R	E	Y									
Designation	A	S	S	O	C	I	A	T	E		P	R	O	F	
Deptt Name	P	E	D	I	A	T	R	I	C	S					
Education (UG/MD/MS)	MBBS MD														
CGMC Reg. No	CGMC 1961/2008														



If Contractual Define Period-----

HOD Sign.

Emp Signature

Details of Faculty for NMC

(Please fill in CAPITAL Letteres)

Name	D	R		P	R	A	N	K	U	R							
	P	A	N	D	E	Y											
Designation	A	S	S	T.		P	R	O	F	E	S	S	O	R			
Deptt Name	P	E	D	I	A	T	R	I	C	S							
Education (UG/MD/MS)	MD PEDIATRICS																
CGMC Reg. No	CGMC/1526/2008																



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

HOD Sign.

Emp Signature

Details of Faculty for NMC

(Please fill in CAPITAL Letteres)

Name	S	H	I	N	J	I	N	E	E		S	H	U	B	D		
	H	A															
Designation	A	S	S	T.		P	R	O	F	E	S	S	O	R			
Deptt Name	P	E	D	I	A	T	R	I	C	S							
Education (UG/MD/MS)	MD. PEDIATRICS																
CGMC Reg. No	6114/2015																



If Contractual Define Period-----19/12/2023 - 18/12/2024-----

HOD Sign.

Emp Signature

Details of Faculty for NMC

(Please fill in CAPITAL Letteres)

Name	M	A	D	H	A	V	I		S	A	O				
Designation	A	S	S	T.		P	R	O	F	E	S	S	O	R	
Deptt Name	P	E	D	I	A	T	R	I	C	S					
Education (UG/MD/MS)	MD PEDIATRICS														
CGMC Reg. No	3585/2011														



Contractual Define Period: 07/12/2023 to 06/12/2024
HOD Sign.

Emp Signature Madhavi

Details of Faculty for NMC

(Please fill in CAPITAL Letteres)

Name	D	R		R	O	L	L	Y		J	A	I	N		
Designation	A	S	S	T.		P	R	O	F	E	S	S	O	R	
Deptt Name	P	E	D	I	A	T	R	I	C	S					
Education (UG/MD/MS)	DNB- PEDIATRICS														
CGMC Reg. No	CGMC- 8586/2019														



Contractual Define Period: 26/02/2024 - 25/02/2025
HOD Sign.

Emp Signature Rolly

Details of Faculty for NMC

(Please fill in CAPITAL Letteres)

Name	S	N	E	H	A		S	I	N	G	H				
	D	H	R	U	W										
Designation	A	S	S	T.		P	R	O	F	E	S	S	O	R.	
Deptt Name	P	E	D	I	A	T	R	I	C	S.					
Education (UG/MD/MS)	MD PEDIATRICS														
CGMC Reg. No	CGMC 3332/2011														



If Contractual Define Period-----

HOD Sign.

Sheha
Emp Signature

Details of Faculty for NMC

(Please fill in CAPITAL Letteres)

Name	P	U	R	N	I	M	A		M	A	R	G	E	K	A	R
Designation	A	S	S	T.		P	R	O	F	E	S	S	O	R		
Deptt Name	P	E	D	I	A	T	R	I	C	S						
Education (UG/MD/MS)	MD PEDIATRICS															
CGMC Reg. No	3802/2011															



If Contractual Define Period-----

11/07/2024 - 10/07/2025

Sheha
Emp Signature

Details of Faculty for NMC

(Please fill in CAPITAL Letteres)

Name	D	R.		A	K	A	S	H						
				L	A	L	W	A	N	I				
Designation	R	E	G	I	S	T	R	A	R					
Deptt Name	P	E	D	I	A	T	R	I	C	S				
Education (UG/MD/MS)	MBBS, DCM, Fellowship in Neonatology (FNSAP)													
CGMC Reg. No	CGMC 2341/2009													



If Contractual Define Period-----

HOD Sign.

Emp Signature

Deelmani (Regular)

Details of Faculty for NMC

(Please fill in CAPITAL Letteres)

Name	D	R.		S	A	M	R	E	E	N				
				Y	V	S	U	F.						
Designation	S	E	M	I	O	R	R	E	S	I	D	E	N	T.
Deptt Name	P	E	D	I	A	T	R	I	C	S				
Education (UG/MD/MS)	MBBS, MD, DM.													
CGMC Reg. No	C.G.M.C 11287/2021.													



If Contractual Define Period-----

HOD Sign.

Emp Signature

Sany

Details of Faculty for NMC

(Please fill in CAPITAL Letteres)

Name	D	R		S	H	I	L	P	A						
	B	H	A	R	G	A	V	A							
Designation	R	E	G	I	S	T	R	A	R						
Deptt Name	P	E	D	I	A	T	R	I	C	S					
Education (UG/MD/MS)															
CGMC Reg. No	CGMC 7464/2013														



If Contractual Define Period-----

HOD Sign.

Emp Signature

Shilpa Bhargava

(Please fill in CAPITAL Letteres)

Name	D	R	B	H	A	V	E	S	H	V	E	R	M	A	
Designation	R	E	G	I	S	T	R	A	R						
Deptt Name	P	A	E	D	I	A	T	R	I	C	S				
Education (UG/MD/MS)															
CGMC Reg. No	CGMC 8603/2013														

Passport Photo

If Contractual Define Period-----

HOD Sign.

Emp Signature

[Signature]