

Details of Faculty for NMC

(Please fill in CAPITAL Letteres)

Name	Dr.	U	S	H	A	J	O	S	H	I			
Designation	P R O F E S S O R & H O D												
Deptt Name	P H A R M A C O L O G Y												
Education (UG/MD/MS)	MD PHARMACOLOGY												
CGMC Reg. No	CGMC/0038/2003												



If Contractual Define Period-----

HOD Sign.

Handwritten signature
02/11/24

Emp Signature

Handwritten signature

Details of Faculty for NMC

(Please fill in CAPITAL Letteres)

Name	Dr.	A	J	A	Y	K	U	H	A	L	W	A	I
Designation	A S S O C I A T E P R O F												
Deptt Name	P H A R M A C O L O G Y												
Education (UG/MD/MS)	MD (Pharmacology)												
CGMC Reg. No	408105												



If Contractual Define Period-----

HOD Sign.

Handwritten signature

Emp Signature

Handwritten signature

Details of Faculty for NMC

(Please fill in CAPITAL Letteres)

Name	Dr.	M	A	Y	A	R	A	M	T	E	K	E					
Designation		A	S	I	S	T	A	N	T	P	R	O	F	E	S	O	R
Deptt Name		P	H	A	R	M	A	C	O	L	O	G	Y				
Education (UG/MD/MS)		MD (PHARMACOLOGY)															
CGMC Reg. No		CGMC 1087/2007															



If Contractual Define Period-----

HOD Sign. *Chh*

Dr. Ramteke
Emp Signature

Details of Faculty for NMC

(Please fill in CAPITAL Letteres)

Name	Dr.	M	A	N	J	U	A	G	R	A	W	A	L				
Designation		A	S	S	I	S	T	A	N	T	P	R	O	F	E	S	S
Deptt Name		P	H	A	R	M	A	C	O	L	O	G	Y				
Education (UG/MD/MS)		MD (Pharmacology)															
CGMC Reg. No		CGMC-12652/2022															



If Contractual Define Period-----

HOD Sign. *Chh*

Manju
Emp Signature

Details of Faculty for NMC

(Please fill in CAPITAL Letteres)

Name	J	R	S	H	I	K	H	A	J	A	I	S	WAL
Designation	A	S	S	O	C	I	A	T	E	P	R	O	R
Deptt Name	P	H	A	R	M	A	C	O	L	O	G	Y.	
Education (UG/MD/MS)	MBBS, M.D.												
CGMC Reg. No	6273/2015												



If Contractual Define Period-----

HOD Sign. *CH*
02/05/24

Shubha
Emp Signature

Details of Faculty for NMC

(Please fill in CAPITAL Letteres)

Name	D	ø.	S	H	E	P	H	A	L	I			
			S	I	N	G	H						
Designation	D	E	M	O	N	S	T	R	A	T	O	R	
Deptt Name	P	H	A	R	M	A	C	O	L	O	G	Y	
Education (UG/MD/MS)	B. D. S. Msc Medical Pharmacology												
CGMC Reg. No													



If Contractual Define Period-----

HOD Sign. *Ch*

Shubha Singh
Emp Signature

Details of Faculty for NMC

(Please fill in CAPITAL Letters)

Name	DR.	G	E	E	T	I	K	A		N	A	Y	A	K
Designation	D	E	M	O	N	S	T	R	A	T	O	R		
Deptt Name	P	H	A	R	M	A	C	O	L	O	G	Y		
Education (UG/MD/MS)	CGMC/1513-2008 MD													
CGMC Reg. No	CGMC/1513-2008													



If Contractual Define Period-----

HOD Sign.

Chh
02/10/24

Emp Signature

Geetika Nayak

Details of Faculty for NMC

(Please fill in CAPITAL Letters)

Name	DR.	A	J	I	T	E	S	H		K	U	M	A	R
Designation	D	E	M	O	N	S	T	R	A	T	O	R		
Deptt Name	P	H	A	R	M	A	C	O	L	O	G	Y		
Education (UG/MD/MS)	Msc. Medical (Pharmacology)													
CGMC Reg. No	NA													



If Contractual Define Period-----

HOD Sign.

Chh

Emp Signature

Ajitesh Kumar

Details of Faculty for NMC

(Please fill in CAPITAL Letteres)

Name	D	R.		V	i	J	A	Y		B	A	B	U		
		V	E	R	M	A									
Designation	D	E	M	O	N	S	T	R	A	T	O	R			
Deptt Name	P	H	A	R	M	A	C	O	L	O	G	Y			
Education (UG/MD/MS)	MBBS														
CGMC Reg. No	CGMC 2541/2009														



If Contractual Define Period-----

HOD Sign. *[Signature]*

[Signature]
Emp Signature

Details of Faculty for NMC

(Please fill in CAPITAL Letteres)

Name															
Designation															
Deptt Name															
Education (UG/MD/MS)															
CGMC Reg. No															



If Contractual Define Period-----

HOD Sign.

Emp Signature