

Details of Faculty for NMC

(Please fill in CAPITAL Letteres)

Name	D	R	M	A	N	J	U	S	I	N	G	H		
Designation	P	R	O	F	E	S	S	O	R	&	H	O	D	
Deptt Name	G	E	N	E	R	A	L	S	U	R	G	E	R	Y
Education (UG/MD/MS)	M.S. , Mch (Breast Oncoplasty)													
CGMC Reg. No	CGMCI 2725 / 2009													



If Contractual Define Period-----

HOD Sign.

[Handwritten Signature]

[Handwritten Signature]
Emp Signature

Details of Faculty for NMC

(Please fill in CAPITAL Letteres)

Name	S	A	N	T	O	S	H	K	U	M	A	R		
	S	O	N	K	E	R								
Designation	P	R	O	F	E	S	S	O	R					
Deptt Name	G	E	N	E	R	A	L	S	U	R	G	E	R	Y
Education (UG/MD/MS)	M.S. (SURGERY)													
CGMC Reg. No	CGMC - 5833 / 2014													



If Contractual Define Period-----

HOD Sign.

[Handwritten Signature]
Emp Signature

(Please fill in CAPITAL Letters)

Name	S	I	D	D	H	A		N	A	R	A	Y	A	N
	G	O	L	E										
Designation	ASSOCIATE PROFESSOR													
Deptt Name	GENERAL SURGERY													
Education (UG/MD/MS)	MS													
CGMC Reg. No	5526/2014 CGMC.													



Prof. & HOD
Department of Surgery
Pt. J.N.M. Medical College &
Dr. B.R.A.M. Hospital
Raipur (C.G.)

If Contractual Define Period: 02/06/2024 - 03/06/25

Emp Signature

Details of Faculty for NMC

(Please fill in CAPITAL Letters)

Name	A	M	I	T		A	G	R	A	W	A	L		
Designation	ASSOCIATE PROFESSOR													
Deptt Name	GEN. SURGERY													
Education (UG/MD/MS)	MBBS, DNB													
CGMC Reg. No	CGMC 252/04													



Prof. & HOD
Department of Surgery
Pt. J.N.M. Medical College &
Dr. B.R.A.M. Hospital
Raipur (C.G.)

If Contractual Define Period: -----

Emp Signature

(Please fill in CAPITAL Letters)

Name	D	R		R	A	J	E	N	D	R	A		R	A				
				R	A	A	R	E										
Designation	A	S	S	O	C	I	A	T	E	P	R	O	F	E	S	S	O	R
Deptt Name	S	U	R	G	E	R	Y											
Education (UG/MD/MS)	MS General Surgery																	
CGMC Reg. No	CUMC - 2806 / 2010																	



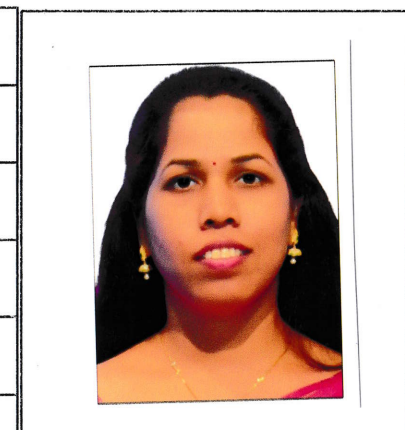
Prof. & HOD
Department Of Surgery
If Contractual Define Period
HOD Sign. *Dr. Rajendra Ra*
A.M. Hospital
Raipur (C.G.)

Ra
Emp Signature

Details of Faculty for NMC

(Please fill in CAPITAL Letters)

Name	D	R		S	A	R	I	T	A									
Designation	A	S	S	O			P	R	O	F	E	S	S	O	R			
Deptt Name	G	E	N	E	R	A	L		S	U	R	G	E	R	Y			
Education (UG/MD/MS)	M.S. GEN SURGERY																	
CGMC Reg. No	CAMCI 1481 / 2009																	



Prof. & HOD
Department Of Surgery
If Contractual Define Period
HOD Sign. *Dr. Sarita*
A.M. Hospital
Raipur (C.G.)

Sarita
Emp Signature

Details of Faculty for NMC

(Please fill in CAPITAL Letters)

Name	D	R		S	U	K	H		L	A	L					
	N	E	R	A	L	A										
Designation	A	S	S	O		P	R	O	F	E	S	S	O	R		
Deptt Name	G	E	N	E	R	A	L		S	U	R	G	E	R	Y	
Education (UG/MD/MS)	M.S. General Surgery.															
CGMC Reg. No	CGMC - 2069/2008															



If Contractual Define Period: _____
 HOD Sign: *[Signature]* **Prof & HOD**
 Department of Surgery
 J.N.M. Medical College &
 Dr. B.R.A.M. Hospital
 Raipur (C.G.)

Emp Signature: *[Signature]*

(Please fill in CAPITAL Letters)

Name	D	R	.	S	A	U	M	I	T	R	A					
					D	U	B	E								
Designation	A	S	S	T	.	P	R	O	F	.						
Deptt Name	G	E	N	E	R	A	L		S	U	R	G	E	R	Y	
Education (UG/MD/MS)	MBBS, MS, F.MAS, D.MAS															
CGMC Reg. No	CGMC 10176/2020															



If Contractual Define Period: _____
 HOD Sign: *[Signature]* **Prof & HOD**
 Department of Surgery
 J.N.M. Medical College &
 Dr. B.R.A.M. Hospital
 Raipur (C.G.)

Emp Signature: *[Signature]*