

Details of Faculty for NMC

(Please fill in CAPITAL Letteres)

Name	P	R	A	J	I	B	H	A									
	J	A	I	N		S	H	A	H								
Designation	P	R	O	F	E	S	S	O	R								
Deptt Name	A	N	A	E	S	T	H	E	S	I	A						
Education (UG/MD/M.S)	MD																
CGMC Reg. No	CGMC - 1899 / 2008																



If Contractual Define Period-----

HOD Sign. *Jyoti Lalwani*

Emp Signature

Details of Faculty for NMC

(Please fill in CAPITAL Letteres)

Name	J	A	Y	A													
	L	A	L	W	A	N	I										
Designation	P	R	O	F	E	S	S	O	R								
Deptt Name	A	N	A	E	S	T	H	E	S	I	A						
Education (UG/MD/M.S)	MD																
CGMC Reg. No	CGMC - 6279 / 2015																



If Contractual Define Period-----

HOD Sign. *Jyoti Lalwani*

Emp Signature

Jyoti Lalwani

Details of Faculty for NMC

(Please fill in CAPITAL Letters)

Name	R	A	S	H	M	I										
	N	A	I	K												
Designation	A	S	S	O		P	R	O	F	E	S	S	O	R		
Deptt Name	A	N	A	E	S	T	H	E	S	I	Z	A				
Education (UG/MD/MS)	MD															
CGMC Reg. No	CGMC - 2408 / 2009															



If Contractual Define Period

Jaya Lakshmi

Ram

Emp Signature

Details of Faculty for NMC

(Please fill in CAPITAL Letters)

Name	P	R	A	T	I	K	S	H	A							
	A	G	R	A	W	A	L									
Designation	A	S	S	O	C	I	A	T	F		P	R	O	F.		
Deptt Name	A	N	A	E	S	T	H	E	S	I	O	L	O	G	I	
Education (UG/MD/MS)	AND PAIN MEDICINE.															
	MBBS : GOVT. MEDICAL COLLEGE, VADODARA. (2011)															
	MD (ANAESTHESIA): " (2014)															
CGMC Reg. No	CGMC 5744 / 2014.															



If Contractual Define Period

HOD Sign.

Jaya Lakshmi

Ram

Emp Signature

Details of Faculty for NMC

(Please fill in CAPITAL Letters)

Name	D	R.	M	A	N	J	U	L	A	T	A				
	T	A	N	D	A	N									
Designation	A	S	S	O.		P	R	O	F	E	S	S	O	R	
Deptt Name	A	N	A	E	S	T	H	E	S	Z	O	L	O	G	Y
Education (UG/MD/MS)	M D														
CGMC Reg. No	CGMC - 1383/2008														



If Contractual Define Period

HOD Sign.

Jaya Lalwani

Emp Signature

Details of Faculty for NMC

(Please fill in CAPITAL Letters)

Name	S	O	N	A	L	I		S	A	H	U				
Designation	A	S	S	I	S	T	A	N	T		P	R	O	F	
Deptt Name	A	N	E	S	T	H	E	S	I	O	L	O	G	Y	
Education (UG/MD/MS)	MD														
CGMC Reg. No	CGMC.4948/2013														



If Contractual Define Period

HOD Sign.

Jaya Lalwani

Sonali Sahu
Emp Signature

Details of Faculty for NMC

(Please fill in CAPITAL Letters)

Name	A	M	R	I	T	A											
	J	A	I	N													
Designation	A	S	S	I	S	T	A	N	T		P	R	O	F			
Deptt Name	A	N	A	E	S	T	H	E	S	I	O	L	O	G	Y		
Education (UG/MD/MS)	DNB, PDCC (Neuro anaesthesia)																
CGMC Reg. No	CGMC 5529 /2014																



If Contractual Define Period-----
HOD Sign.

Jyoti Lalwani

Jyoti Lalwani
Emp Signature

Details of Faculty for NMC

(Please fill in CAPITAL Letters)

Name	S	H	A	H	I	D	A		K	H	A	T	O	O	N		
Designation	A	S	S	I	S	T	A	N	T		P	R	O	F			
Deptt Name	A	N	E	S	T	H	E	S	I	O	L	O	G	Y			
Education (UG/MD/MS)	M.B.B.S, M.D, D.N.B																
CGMC Reg. No	9823 /2020																



If Contractual Define Period-----
HOD Sign.

Jyoti Lalwani

Shahi Khatoon
Emp Signature

Details of Faculty for NMC

(Please fill in CAPITAL Letteres)

Name	A	.	S	A	S	H	A	N	K								
Designation	A	S	S	I	S	T	A	N	T	P	R	O	F				
Deptt Name	A	N	A	E	S	T	H	E	S	I	O	L	O	G	Y		
Education (UG/MD/MS)	MBBS, D.A. DNB																
CGMC Reg. No	10636/2020																



A. Ashank
Emp Signature

If Contractual Define Period-----

HOD Sign. *Jay Lalwani*

Details of Faculty for NMC

(Please fill in CAPITAL Letteres)

Name	P	I	Y	V	S	H		S	H	R	I	W	A	S			
Designation	R	E	G	I	S	T	R	A	R								
Deptt Name	A	N	A	E	S	T	H	E	S	I	A						
Education (UG/MD/MS)	MBBS (UG)																
CGMC Reg. No	CGMC-7680/2017																



Piyush
Emp Signature

If Contractual Define Period-----

HOD Sign. *Jay Lalwani*

Details of Faculty for NMC

(Please fill in CAPITAL Letteres)

Name	A	B	H	I	S	H	E	K		S	I	N	G	H	
	B	I	S	E	N										
Designation	S	R.			R	E	G	I	S	T	R	A	R		
Deptt Name	A	N	A	E	S	T	H	E	S	I	A				
Education (UG/MD/MS)	MBBS (UG)														
CGMC Reg. No	CGMC 11204/2021														



If Contractual Define Period-----

HOD Sign.

Ajay Lalwani

Emp Signature

Ajay Lalwani

Details of Faculty for NMC

(Please fill in CAPITAL Letteres)

Name	S	A	N	J	A	Y	K	A	N	T					
Designation	S	R.			R	E	G	I	S	T	R	A	R		
Deptt Name	A	N	A	E	S	T	H	E	S	I	A				
Education (UG/MD/MS)	MBBS (UG)														
CGMC Reg. No	CGMC - 8173/2018														



If Contractual Define Period-----

Ajay Lalwani

Emp Signature

Ajay Lalwani