

Memo no - ENT/820 dt 12.12.16

सहायक
14/12/16
To,
Principal
NMC, Patna

PROFORMA - D

Census of Clinical Material

[To be submitted in clear and legible Computer print only]

Department / Discipline : ENT Department

Institution : Nalanda Medical College & Hospital, Patna

Month (with the year) for which the census is being sent : November 2016

❖ CENSUS PROPER :

1. Number of Patients Admitted : 61 Patients
2. Number of Discharges : 50 Patients
3. Number of LAMA (Left Against Medical Advice): 05 Patients
4. Number of Deaths : Nil
5. Number of Surgeries / Operations : Major ones - 41 Patients
Minor ones - 221 Patients
6. Names and Number of Procedures :

	Major	Minor
Ear:	32	195
Nose:	02	15
Throat:	04	06
Others:	03	05
7. Names and Number of Investigations carried out in the department : Data not available
8. Number of OPD Patients : Old - 854
New - 2634
9. Others ; if any :

10/28
14/12/16

Chandra
12/12/16

Signature of the HOD WITH STAMP

Name in full : Dr. Chandra Shekhar

Place : NMC & H, Patna.

Date :

Ch

PROFORMA - A

Faculty / Doctor's Information

(To be submitted in clear and legible computer printed form only)

1. Name of the Faculty / Doctor (in capital letters) : DR. CHANDRA SHEKHAR
2. Designation : PROFESSOR & HOD
3. Department : ENT
4. Institution : Nalanda Medical College & Hospital, Patna.
5. Educational Qualification : MBBS, MS (ENT)
6. Medical Council Registration
(UG & PG : Number, Year & Registration Council); , Bihar Council of Medical Registration
MBBS: - 13355 dated 28-10-1977 of BMC
MS- 31-10-2007 of BMC
7. Date of Joining in this institution : 02.09.2009
8. Whether UG or PG Teacher : PG Teacher
9. Teaching Experience :
(Years & completed months):
SR - 04 Yrs 08 Months ,
. Asst. Prof. - 09 Yrs 09 Months,
Associate Prof. - 04 Yrs 06 Months,
Professor - 07 Yrs 06 Months approx.
10. Number of Promotion/s : THREE ,
Post/s to which Promoted till date
1. Asst. Prof. - 06.03.1994 to 14.12.2003,
2. Assoc. Prof. - 15.12.2003 to 14.5.2009 ,
3. Professor - 18.05.2009 to 01.09.2009 at DMC, Lachhmasara &
02.09.2009 to till at NMC , Patna.
11. Trainings undergone : 1. SAIMS, INDORE- 28.10.2015 - ATCOM MODULE
2. SAIMS, INDORE- 29.10.2015 TO 31.10.2015 - Revised Basic Course Workshop

❖ **SELF DECLARATION BY THE FACULTY / DOCTOR :**

All the informations / entries as furnished above (under the points 1 to 11) by me are CORRECT and TRUE in totality and that, I do take full responsibility for the same that it would be obligatory on my part to produce the pertinent supporting papers / documents in ORIGINAL, as and when required or asked for.

cm
3.12.16
SIGNATURE OF THE FACULTY / DOCTOR / OFFICER
NAME (in full) : DR. CHANDRA SHEKHAR
Date : / /
Place : NMC & H, Patna

cm
3.12.16
COUNTER SIGNATURE OF THE HOD WITH STAMP
NAME (in full) : DR. CHANDRA SHEKHAR
Date : / /
Place : NMC & H, Patna

PROFORMA - A

Faculty / Doctor's Information

(To be submitted in clear and legible computer printed form only)

1. Name of the Faculty / Doctor (in capital letters): DR SANJAY KUMAR ✓
2. Designation: ASSOCIATE PROFESSOR
3. Department: ENT
4. Institution: Nalanda Medical College & Hospital, Patna.
5. Educational Qualification: MIBBS, M.S(CENT)
6. Medical Council Registration: 30999, 1989, B.M.C. PATNA -
(UG & PG : Number, Year & Registration Council)
7. Date of joining in this institution: 14-01-2014
8. Whether UG or PG Teacher: P.G Teacher
9. Teaching Experience: 10 yrs 5 months
(Years & completed months)
10. Number of Promotion/s, :
&
Post/s to which Promoted till date Associate Professor.
11. Trainings undergone: No

❖ SELF DECLARATION BY THE FACULTY / DOCTOR :

All the informations / entries as furnished above (under the points 1 to 11) by me are CORRECT and TRUE in totality and that, I do take full responsibility for the same that it would be obligatory on my part to produce the pertinent supporting papers / documents in ORIGINAL, as and when required or asked for.

Sanjay Kumar
2/12/16

SIGNATURE OF THE FACULTY / DOCTOR / OFFICER
NAME: DR SANJAY KUMAR
(in full) Sanjay Kumar
Date: 2/12/16
Place: NMC & H, Patna

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3/12

COUNTER SIGNATURE OF THE HOD WITH STAMP
NAME:
(in full)
Date: / /
Place: NMC & H, Patna

✓
PROFORMA - A

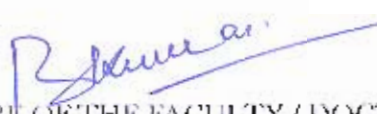
Faculty / Doctor's Information

(To be submitted in clear and legible computer printed form only)

1. Name of the Faculty / Doctor (in capital letters): DR. BIRENDRA KUMAR
2. Designation: ASSISTANT PROFESSOR
3. Department:
4. Institution: Nalanda Medical College & Hospital, Patna.
5. Educational Qualification: - M.S.(E.N.T.), D.L.O.
6. Medical Council Registration: - 18260 ← 26.11.1981. (U.G.) | B.C.M.R.
(UG & PG: Number, Year & Registration Council)
7. Date of Joining in this institution: - 9.1.1996 → 20.10.2003. (P.G.)
8. Whether UG or PG Teacher: - U.G. TEACHER
9. Teaching Experience: - 21 Yrs. (about) i.e. 20 Yrs & 10 months.
(Years & completed months)
10. Number of Promotion/s, : - ONE
&
Post/s to which Promoted till date: - ASSISTANT PROFESSOR
11. Trainings undergone: -

❖ SELF DECLARATION BY THE FACULTY / DOCTOR :


All the informations / entries as furnished above (under the points 1 to 11) by me are CORRECT and TRUE in totality and that, I do take full responsibility for the same that it would be obligatory on my part to produce the pertinent supporting papers / documents in ORIGINAL, as and when required or asked for.


SIGNATURE OF THE FACULTY / DOCTOR / OFFICER

NAME: DR. BIRENDRA KUMAR
(in full)

Date: 30/11/2016.

Place: NMC & H, Patna


COUNTER SIGNATURE OF THE HOD WITH STAMP

NAME:

(in full)

Date: / /

Place: NMC & H, Patna

PROFORMA - A

Faculty / Doctor's Information

(To be submitted in clear and legible computer printed form only)



1. Name of the Faculty / Doctor (in capital letters) : DR. RAJ KUMAR CHOUDHARY
2. Designation : ASSTT. PROFESSOR (CONTRACTUAL)
3. Department : ENT
4. Institution : Nalanda Medical College & Hospital, Patna.
5. Educational Qualification : MBBS (PAT), MS(ENT)
6. Medical Council Registration : 23247/97, PG 23247/2006 BEMR.
(UG & PG : Number, Year & Registration Council)
7. Date of Joining in this institution : 25.7.2014
8. Whether UG or PG Teacher : UG TEACHER.
9. Teaching Experience : SR 4yrs 2 months, ASSTT PROF 7yrs 6 months.
(Years & completed months)
10. Number of Promotion/s : ONE, ASSTT PROF (FROM MAY 2009)
& [BIHAR HEALTH SERVICE - CMD (DYNAMIC & P.)]
Post/s to which Promoted
till date
11. Trainings undergone : NIL

❖ SELF DECLARATION BY THE FACULTY / DOCTOR :

All the informations / entries as furnished above (under the points 1 to 11) by me are CORRECT and TRUE in totality and that, I do take full responsibility for the same that it would be obligatory on my part to produce the pertinent supporting papers / documents in ORIGINAL, as and when required or asked for.

Rk
30/11/2016

SIGNATURE OF THE FACULTY / DOCTOR / OFFICER
NAME : DR. ~~RAJ~~ RAJ KUMAR CHOUDHARY
(in full)
Date : 30/11/2016
Place : NMC & H, Patna

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3/12

COUNTER SIGNATURE OF THE HOD WITH STAMP
NAME :
(in full)
Date : / /
Place : NMC & H, Patna

PROFORMA - A

Faculty / Doctor's Information

(To be submitted in clear and legible computer printed form only)

1. Name of the Faculty / Doctor (in capital letters): DR. KAMESHWAR PRASAD SINGH.
2. Designation: ASSTT. PROFESSOR (CONTRATUAL)
3. Department: E.N.T.
4. Institution: Nalanda Medical College & Hospital, Patna.
5. Educational Qualification: MBBS, M.S (ENT), DLO.
6. Medical Council Registration: BCMR - UG - 22961 dt 1.6.1987, PG - 22961 dt 18.05.2011 (BCM
(UG & PG : Number, Year & Registration Council)
7. Date of Joining in this institution: 04-02-2015.
8. Whether UG or PG Teacher: UG TEACHER
9. Teaching Experience: SENIOR RESIDENT - 3 YRS 8 MONTHS, ASSTT. PROFESSOR - 1 YR 10 MONTHS.
(Years & completed months)
10. Number of Promotion/s: ONE; ASSTT. PROF., BIHAR HEALTH SERVICE - CMD (3RD DY
& AR
Post/s to which Promoted
till date
11. Trainings undergone: NIL.

❖ SELF DECLARATION BY THE FACULTY / DOCTOR :

All the informations / entries as furnished above (under the points 1 to 11) by me are CORRECT and TRUE in totality and that, I do take full responsibility for the same that it would be obligatory on my part to produce the pertinent supporting papers / documents in ORIGINAL, as and when required or asked for.

SIGNATURE OF THE FACULTY / DOCTOR / OFFICER
NAME: DR. KAMESHWAR PRASAD SINGH
(in full)
Date: 30/11/2016
Place: NMC & H, Patna

COUNTER SIGNATURE OF THE HOD WITH STAMP
NAME:
(in full)
Date: / /
Place: NMC & H, Patna

PROFORMA - A

Faculty / Doctor's Information

(To be submitted in clear and legible computer printed form only)

1. Name of the Faculty / Doctor (in capital letters): DR SUDHANSHU SHEKHAR PRASAD
2. Designation: ASTT PROF
3. Department: ENT
4. Institution: Nalanda Medical College & Hospital, Patna.
5. Educational Qualification: M.B.B.S, M.S (in ENT)
6. Medical Council Registration:
(UG & PG : Number, Year & Registration Council) UG 27830 / 1994 / Bihar Council of Medical Registrars
PG 27830 / 2006 / 09
7. Date of Joining in this institution: 03-02-2015
8. Whether UG or PG Teacher: Both
9. Teaching Experience:
(Years & completed months) Five years & Six months
10. Number of Promotion/s: ASTT Prof
&
Post/s to which Promoted
till date
11. Trainings undergone: Senior Residency

❖ SELF DECLARATION BY THE FACULTY / DOCTOR :

All the informations / entries as furnished above (under the points 1 to 11) by me are CORRECT and TRUE in totality and that, I do take full responsibility for the same that it would be obligatory on my part to produce the pertinent supporting papers / documents in ORIGINAL, as and when required or asked for.

SIGNATURE OF THE FACULTY / DOCTOR / OFFICER

NAME: DR SUDHANSHU SHEKHAR PRASAD

(in full)

Date: 03/12/2016

Place: NMC & H, Patna

COUNTER SIGNATURE OF THE HOD WITH STAMP

NAME:

(in full)

Date: / /

Place: NMC & H, Patna

PROFORMA - A

Faculty / Doctor's Information

(To be submitted in clear and legible computer printed form only)

1. Name of Faculty / Doctor (in capital letters): DR UMESH KUMAR
2. Designation : SENIOR RESIDENT
3. Department : ENT
4. Institution : Nalanda Medical College & Hospital, Patna.
5. Education Qualification : MS (ENT), UG REGISTRATION - 10/10/2006 THE BIHAR COUNCIL OF MEDICAL REGISTRATION
6. Medical Council Registration : 36179, PG REGISTRATION - 30/01/2012 THE BIHAR COUNCIL OF MEDICAL REGISTRATION
(UG & PG : Number, Year & Registration Council)
7. Date of Joining in this institution : 14/02/2014
8. Whether UG of PG Teacher : UG TEACHER
9. Teaching Experience : 2 YEARE 9 MONTH
(Years & completed months)
10. Number of Promotion/s,: NIL
&
Post/s to which Promoted
till date
11. Trainings undergone : NIL

❖ SELF DECLARATION BY THE FACULTY / DOCTOR:

All the informations / entries as furnished above (under the points 1 to 11) by me are CORRECT and TRUE in totality and that, I do take full responsibility for the same that it would be obligatory on my part to produce the pertinent supporting papers / documents in ORIGINAL, as and when required or asked for.

Umesh Kumar

SIGNATURE OF THE FACULTY / DOCTOR / OFFICER

NAME : DR UMESH KUMAR
(in full)

Date : 03/12/16

Place : NMC & H, Patna

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3/12/16*

COUNTER SIGNATURE OF THE HOD WITH STAMP

NAME :
(in full)

Date :

Place : NMC & H, Patna

PROFORMA - A

Faculty / Doctor's Information

(To be submitted in clear and legible computer printed form only)

1. Name of the Faculty / Doctor (in capital letters) : DR. MADHU MITA
2. Designation : JUNIOR RESIDENT
3. Department : ENT.
4. Institution : Nalanda Medical College & Hospital, Patna.
5. Educational Qualification : MBBS, FCGP
6. Medical Council Registration : 33322 year-2012, BIHAR COUNCIL OF MEDICAL REGISTRATION
7. Date of Joining in this institution : 06/01/2015
8. Whether UG or PG Teacher :
9. Teaching Experience :
(Years & completed months)
10. Number of Promotion/s, ;
&
Post/s to which Promoted
till date
11. Trainings undergone :

❖ SELF DECLARATION BY THE FACULTY / DOCTOR :

All the informations / entries as furnished above (under the points 1 to 11) by me are CORRECT and TRUE in totality and that, I do take full responsibility for the same that it would be obligatory on my part to produce the pertinent supporting papers / documents in ORIGINAL, as and when required or asked for.

Madhu Mita

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SIGNATURE OF THE FACULTY / DOCTOR / OFFICER

NAME : DR. MADHUMITA

(in full)

Date : 03/12/2016

Place : NMC & H, Patna

COUNTER SIGNATURE OF THE HOD WITH STAMP

NAME :

(in full)

Date : / /


Place : NMC & H, Patna

OFFICE OF THE HOD, Department of ENT
Nalanda Medical College Hospital, Patna

MONTHLY ATTENDANCE OF TEACHERS

Month: November' 2016 (from 01.11.16 to 30.11.16)

Sl. No	Name / Designation	CL	CPL	DL	PL	RH	EL	Absent	Present	Remarks
01	Dr (Prof) Chandra Shekhar Prof. & HOD	-	-	-	02	-	-	-	Full	-
02	Dr Manoj Kumar Verma Assist. Professor	-	04	-	01	-	-	-	Full	-
03	Dr Sanjay Kumar Assoc. Professor	-	07	-	-	-	-	-	Full	-
04	Dr. Birendra Kumar Assist. Professor	02	-	-	-	-	-	-	Full	-
05	Dr. Satyendra Sharma Assist. Professor	-	04	-	-	-	-	-	Full	-
06	Dr. Raj Kumar Chaudhary Assist. Professor	02	01	-	01	01	-	-	Full	-
07	Dr. Kameshwar Pd. Singh Assist. Professor	03	01	-	01	02	-	-	Full	-
08	Dr. Sudhanshu Shekhar Pd Assist. Professor	01	-	-	-	-	-	-	Full	-


 Prof. & HOD, Dept. of ENT
 Nalanda Medical College Hospital,
 Patna


 31/11/16

31/11/16

31/11/16