

**PROFORMA – A**

**Faculty / Doctor's Information.**

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

1. Name of the Faculty/Doctor : Dr. RAJEEV NAYAN KUMAR RASHMI  
(in capital letters)
2. Designation : JUNIOR RESIDENT
3. Department : MEDICINE
4. Institution : NALANDA MEDICAL COLLEGE AND HOSPITAL, PATNA
5. Educational Qualification : M.B.B.S
6. Medical Council Registration :

	Number	Year	Registration Council
UG	41799	2013	BCMR
PG			

7. Date of Joining in the Institution : 05.01.2015
8. Whether UG or PG Teacher :
9. Teaching Experience :  
(Years & completed months)
10. Number of Promotion/s : NIL  
&  
Post/s to which Promoted till date
11. Training undergone : NIL

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

All the information/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.

*Rwe*  
Signature of the Faculty/Doctor/Officer

Name : RAJEEV NAYAN KUMAR RASHMI  
(in full)

Date : 29.11.2016

Place : NMC & H, Patna

*Uma Shankar Prasad*  
Counter Signature of the HOD with Stamp

Name : UMA SHANKAR PRASAD  
(in full)

Date : 29.11.2016

Place : NMC & H, Patna



**CSI 2016**



**68<sup>TH</sup> ANNUAL CONFERENCE OF CARDIOLOGICAL SOCIETY OF INDIA**  
8<sup>th</sup> to 11<sup>th</sup> December 2016, Kochi, Kerala

# Certificate

We certify that

**DR. UMA SHANKAR PRASAD**

has actively participated in the 68th Annual Conference of the Cardiological Society of India held on 8th - 11th December, 2016, at Kochi, as a Faculty/Delegate. He/She is eligible for 5 CME credit hours (C2/16305/2016/MC/CME /dated 19/11/2016.)

*Santanu Guha*

Dr. Santanu Guha  
President

*M.S. Hiremath*

Dr. M.S. Hiremath  
President Elect.

*M.K. Das*

Dr. M.K. Das  
General Secretary

*Mohan P P*

Mohan P P  
Organizing Secretary





उपस्थिति विवरणी माह नवम्बर-2016 (1/11/16 से 30/12/16 तक)  
 औषधि विभाग, नालन्दा चिकित्सा महाविद्यालय अस्पताल, पटना

क्रमांक	चिकित्सकों का नाम	पदनाम	आकस्मिक अवकाश	क्षतिपूर्ति अवकाश	कर्तव्य अवकाश	अनुपस्थित	कार्यावधि	अभ्युक्ति
1.	डा० उमाशंकर प्रसाद	सह-प्राध्यापक एवं विभागाध्यक्ष	---	---	---	---	पूर्णमाह	
2.	डा० सतीश कुमार सिंह	प्राध्यापक	04 दिन	---	---	---	पूर्णमाह	
3.	डा० हुसैन अहमद	प्राध्यापक	01 दिन	01 दिन	---	---	पूर्णमाह	
4.	डा० शचिन्द्र चौधरी	सह-प्राध्यापक	---	02 दिन	---	---	पूर्णमाह	
5.	डा० अमर कुमार	सह-प्राध्यापक	01 दिन	---	---	---	पूर्णमाह	
6.	डा० अरुण कुमार सिंह	सह-प्राध्यापक	11 दिन	---	---	---	पूर्णमाह	
7.	डा० गणेश प्रसाद सिंह	सह-प्राध्यापक	---	---	---	---	पूर्णमाह	
8.	डा० अजय कुमार सिन्हा	सहायक प्राध्यापक	---	01 दिन	---	---	पूर्णमाह	
9.	डा० शचीन्द्र कुमार आरितिक	सहायक प्राध्यापक	07 दिन	---	---	---	पूर्णमाह	
10.	डा० सतीश कुमार	सहायक प्राध्यापक	03 दिन	---	---	---	पूर्णमाह	
11.	डा० विश्वजीत प्रसाद आजाद	सहायक प्राध्यापक	01 दिन	01 दिन	---	---	पूर्णमाह	
12.	डा० रमाकांत प्रसाद	सहायक प्राध्यापक	03 दिन	01 दिन	---	---	पूर्णमाह	
13.	डा० मुकूल कुमार	सहायक प्राध्यापक	03 दिन	---	---	---	पूर्णमाह	
14.	डा० नागेंद्र मोहन सिन्हा	सहायक प्राध्यापक	04 दिन	---	---	---	पूर्णमाह	
15.	डा० विभू प्रसाद	सहायक प्राध्यापक	01 दिन	---	---	---	पूर्णमाह	
16.	डा० आशुतोष कुमार सिन्हा	सहायक प्राध्यापक	---	---	---	---	पूर्णमाह	
17.	डा० संजय कुमार	सहायक प्राध्यापक	07 दिन	---	---	---	पूर्णमाह	
18.	डा० कौशल कुमार	सीनियर रेजिडेन्ट	---	03 दिन	---	---	पूर्णमाह	
19.	डा० उदय शंकर प्रियदर्शी	सीनियर रेजिडेन्ट	---	04 दिन	---	---	पूर्णमाह	
20.	डा० राजीव कुमार	सीनियर रेजिडेन्ट	01 दिन	---	---	---	पूर्णमाह	
21.	डा० रवि कुमार रमण	सीनियर रेजिडेन्ट	---	---	---	---	पूर्णमाह	
22.	डा० अशुल अनुराग	जूनियर रेजिडेन्ट	---	---	---	---	पूर्णमाह	
23.	डा० राजीव नयन कुमार रश्मि	जूनियर रेजिडेन्ट	06 दिन	---	---	---	पूर्णमाह	

*U. S. Prasad 21/12/16*

विभागाध्यक्ष, औषधि विभाग  
 नालन्दा चिकित्सा महाविद्यालय अस्पताल, पटना

**PROFORMA - D**

**Census of Clinical Material**

[To be submitted in clear and legible computer printed form only]

Department / Discipline: MEDICINE

Institution : Nalanda Medical College & Hospital, Patna

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

❖ CENSUS PROPER :

- |   |              |      |
|---|--------------|------|
| 1. Number of Patients Admitted                              | :            | 429  |
| 2. Number of Discharges                                     | :            | 312  |
| 3. Number of Deaths   | :            | 02   |
| 4. Number of Surgeries / Operations :                       |              |      |
|   | Major ones – |      |
|   | Minor ones – |      |
| 5. Number of Procedures                                     | :            | 18   |
| 6. Number of Investigations carried out in the department : |              | 7166 |
| 7. Number of OPD Patients                                   | :            | 6792 |
| 8. Others ; if any  | :            | NA   |

*Ushankar*  
3/12/16

Signature of the HOD with Stamp  
Name in full : UMA SHANKAR PRASAD  
Date : 29.11.2016  
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 : Dr. UMA SHANKAR PRASAD  
(in capital letters)
2. Designation : ASSOCIATE PROFESSOR
3. Department : MEDICINE
4. Institution : NALANDA MEDICAL COLLEGE AND HOSPITAL, PATNA
5. Educational Qualification : M.B.B.S. (Hons.), M.D. (GEN. MEDICINE), DTCD (PAT)
6. Medical Council Registration :

	Number	Year	Registration Council
UG	15336	1979	B.C.M.R.
PG	15336	2006	B.C.M.R.

7. Date of Joining in the Institution : 17.07.1997
8. Whether UG or PG Teacher : U.G. & P.G. TEACHER
9. Teaching Experience : 26 Yrs. 6 Months  
(Years & completed months)
10. Number of Promotion/s :  
&  
Post/s to which Promoted till date : ASSOCIATE PROFESSOR
11. Training undergone :

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

All the information/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.

*Ushankar*

Signature of the Faculty/Doctor/Officer

Name : UMA SHANKAR PRASAD  
(in full)

Date : 29.11.2016

Place : NMC & H, Patna

*Ushankar*

Counter Signature of the HOD with Stamp

Name : UMA SHANKAR PRASAD  
(in full)

Date : 29.11.2016

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 : Dr. HUSSAIN AHMAD  
(in capital letters)
2. Designation : PROFESSOR
3. Department : MEDICINE
4. Institution : NALANDA MEDICAL COLLEGE AND HOSPITAL, PATNA
5. Educational Qualification : M.B.B.S; M.D. (GEN. MEDICINE), DTM & H
6. Medical Council Registration :


	Number	Year	Registration Council
UG	11225	1973	B.C.M.R.
PG	11225	2008	B.C.M.R.

7. Date of Joining in the Institution : 01.08.2014
8. Whether UG or PG Teacher : U.G. & P.G. TEACHER
9. Teaching Experience : 26 Yrs.  
(Years & completed months)
10. Number of Promotion/s : TWO GOVT. REGULAR SERVICE  
&  
Post/s to which Promoted till date ONE AS PROFESSOR (CONTRACT)
11. Training undergone : FAMILY, <sup>Welfare</sup> KALAZAR

#### SELF DECLARATION BY THE FACULTY / DOCTOR :

All the information/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 : HUSSAIN AHMAD  
(in full)  
Date : 29.11.2016  
Place : NMC & H, Patna

  
Counter Signature of the HOD with Stamp  
Name : UMA SHANKAR PRASAD  
(in full)  
Date : 29.11.2016  
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 : Dr. SATISH KUMAR SINGH  
(in capital letters)
2. Designation : PROFESSOR
3. Department : MEDICINE
4. Institution : NALANDA MEDICAL COLLEGE AND HOSPITAL, PATNA
5. Educational Qualification : M.B.B.S; M.D. (GEN. MEDICINE), DTM & H
6. Medical Council Registration :

	Number	Year	Registration Council
UG	11693	1974	B.C.M.R.
PG	11693	2008	B.C.M.R.

7. Date of Joining in the Institution : 11.01.2014
8. Whether UG or PG Teacher : U.G. & P.G. TEACHER
9. Teaching Experience : 26 Yrs.  
(Years & completed months)
10. Number of Promotion/s : CONTRACTUAL APPOINTMENT  
&  
Post/s to which Promoted till date
11. Training undergone : BASIC COURSE WORKSHOP AT NMCH, SASARAM

#### SELF DECLARATION BY THE FACULTY / DOCTOR :

All the information/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 : SATISH KUMAR SINGH  
(in full)

Date : 29.11.2016

Place : NMC & H, Patna

Counter Signature of the HOD with Stamp

Name : UMA SHANKAR PRASAD  
(in full)

Date : 29.11.2016

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 : Dr. SHACHINDRA CHOUDHARY  
(in capital letters)
2. Designation : ASSOCIATE PROFESSOR
3. Department : MEDICINE
4. Institution : NALANDA MEDICAL COLLEGE AND HOSPITAL, PATNA
5. Educational Qualification : M.B.B.S; M.D. (GEN. MEDICINE), DTM & H
6. Medical Council Registration :

	Number	Year	Registration Council
UG	13192	1977	B.C.M.R.
PG	13192	2000	B.C.M.R.

7. Date of Joining in the Institution : 27.05.1997
8. Whether UG or PG Teacher : U.G. & P.G. TEACHER
9. Teaching Experience : 22 Yrs.  
(Years & completed months)
10. Number of Promotion/s : TWO  
&  
Post/s to which Promoted till date ASSOCIATE PROFESSOR
11. Training undergone : Basic Course Workshop, INDORE, MCI REGIONAL CENTRE

#### SELF DECLARATION BY THE FACULTY / DOCTOR :

All the information/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.

*Shachindray*  
*30.11.16*

Signature of the Faculty/Doctor/Officer  
Name : SHACHINDRA CHOUDHARY  
(in full)  
Date : 29.11.2016  
Place : NMC & H, Patna

*Ushankar*

Counter Signature of the HOD with Stamp  
Name : UMA SHANKAR PRASAD  
(in full)  
Date : 29.11.2016  
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 : Dr. ARUN KUMAR SINGH  
(in capital letters)
2. Designation : ASSOCIATE PROFESSOR
3. Department : MEDICINE
4. Institution : NALANDA MEDICAL COLLEGE AND HOSPITAL, PATNA
5. Educational Qualification : M.B.B.S; M.D. (GEN. MEDICINE), D.T.C.D. (PAT)
6. Medical Council Registration :

	Number	Year	Registration Council
UG	18459	1982	B.C.M.R.
PG	18459	2006	B.C.M.R.

7. Date of Joining in the Institution :
8. Whether UG or PG Teacher : U.G. & P.G. TEACHER
9. Teaching Experience : 20 Yrs. 11 Months  
(Years & completed months)
10. Number of Promotion/s : TWO  
&  
Post/s to which Promoted till date ASSOCIATE PROFESSOR
11. Training undergone : MCI TEACHERS TRAINING

#### SELF DECLARATION BY THE FACULTY / DOCTOR :

All the information/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 : ARUN KUMAR SINGH  
(in full)

Date : 29.11.2016

Place : NMC & H, Patna



Counter Signature of the HOD with Stamp

Name : UMA SHANKAR PRASAD  
(in full)

Date : 29.11.2016

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 : Dr. GANESH PRASAD SINGH  
(in capital letters)
2. Designation : ASSOCIATE PROFESSOR
3. Department : MEDICINE
4. Institution : NALANDA MEDICAL COLLEGE AND HOSPITAL, PATNA
5. Educational Qualification : M.B.B.S; M.D. (GEN. MEDICINE)
6. Medical Council Registration :

	Number	Year	Registration Council
UG	21844	1985	B.C.M.R.
PG	21844	2007	B.C.M.R.

7. Date of Joining in the Institution : 07.03.2013
8. Whether UG or PG Teacher : U.G. & P.G. TEACHER
9. Teaching Experience : 20 Yrs. 11 Months  
(Years & completed months)
10. Number of Promotion/s : TWO  
&  
Post/s to which Promoted till date ASSOCIATE PROFESSOR
11. Training undergone :  ~~INCE TEACHERS TRAINING~~ N/A

#### SELF DECLARATION BY THE FACULTY / DOCTOR :

All the information/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 : GANESH PRASAD SINGH  
(in full)

Date : 29.11.2016

Place : NMC & H, Patna

Counter Signature of the HOD with Stamp

Name : UMA SHANKAR PRASAD  
(in full)

Date : 29.11.2016

Place : NMC & H, Patna

## PROFORMA - A

### Faculty / Doctor's Information

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

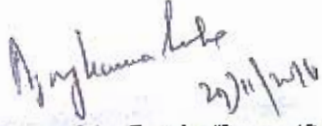
1. Name of the Faculty/Doctor : Dr. AJAY KUMAR SINHA  
(in capital letters)
2. Designation : ASSISTANT PROFESSOR
3. Department : MEDICINE
4. Institution : NALANDA MEDICAL COLLEGE AND HOSPITAL, PATNA
5. Educational Qualification : M.B.B.S; M.D. (GEN. MEDICINE)
6. Medical Council Registration :

	Number	Year	Registration Council
UG	23374	1986	B.C.M.R.
PG	23374	1991	B.C.M.R.

7. Date of Joining in the Institution : 15.01.2010
8. Whether UG or PG Teacher : U.G. & P.G. TEACHER
9. Teaching Experience : More than 19 Yrs.  
(Years & completed months)
10. Number of Promotion/s : TWO  
&  
Post/s to which Promoted till date ASSISTANT PROFESSOR
11. Training undergone : Basic Training in Medical Education, (SAIMS, INDORE)

#### SELF DECLARATION BY THE FACULTY / DOCTOR :

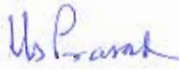
All the information/entries as furnished above (under the points 1 to 11) by me are CORRECT and TRUE in totality and that, I do take full responsibility for the same that it would be obligatory on my part to Produce the pertinent supporting papers / documents in ORIGINAL as and when required or asked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

  
Signature of the Faculty/Doctor/Officer

Name : AJAY KUMAR SINHA  
(in full)

Date : 29.11.2016

Place : NMC & H, Patna

  
Counter Signature of the HOD with Stamp

Name : UMA SHANKAR PRASAD  
(in full)

Date : 29.11.2016

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 : Dr. SHACHINDRA KUMAR ASTIK  
(in capital letters)
2. Designation : ASSISTANT PROFESSOR
3. Department : MEDICINE
4. Institution : NALANDA MEDICAL COLLEGE AND HOSPITAL, PATNA
5. Educational Qualification : M.B.B.S; M.D. (GEN. MEDICINE)
6. Medical Council Registration :

	Number	Year	Registration Council
UG	29334	1995	B.C.M.R.
PG	29334	2000	B.C.M.R.

7. Date of Joining in the Institution : 04.03.2013
8. Whether UG or PG Teacher : U.G. TEACHER
9. Teaching Experience : 13 Yrs. 03 Months  
(Years & completed months)
10. Number of Promotion/s :  
&  
Post/s to which Promoted till date
11. Training undergone : NA

#### SELF DECLARATION BY THE FACULTY / DOCTOR :

All the information/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 : SHACHINDRA KUMAR ASTIK  
(in full)

Date : 29.11.2016

Place : NMC & H, Patna

Counter Signature of the HOD with Stamp

Name : UMA SHANKAR PRASAD  
(in full)

Date : 29.11.2016

Place : NMC & H, Patna

## PROFORMA - A

### Faculty / Doctor's Information

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

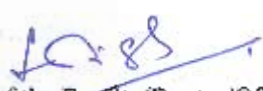
1. Name of the Faculty/Doctor : Dr. SATISH KUMAR  
(in capital letters)
2. Designation : ASSISTANT PROFESSOR
3. Department : MEDICINE
4. Institution : NALANDA MEDICAL COLLEGE AND HOSPITAL, PATNA
5. Educational Qualification : M.B.B.S; M.D. (GEN. MEDICINE)
6. Medical Council Registration :

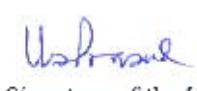
	Number	Year	Registration Council
UG	31023	1999	B.C.M.R.
PG	31023	2004	B.C.M.R.

7. Date of Joining in the Institution : 04.03.2013
8. Whether UG or PG Teacher : U.G. TEACHER
9. Teaching Experience : 08 Yrs. 05 Months  
(Years & completed months)
10. Number of Promotion/s :  
&  
Post/s to which Promoted till date
11. Training undergone : NA

#### SELF DECLARATION BY THE FACULTY / DOCTOR :

All the information/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 : SATISH KUMAR  
(in full)  
Date : 29.11.2016  
Place : NMC & H, Patna

  
Counter Signature of the HOD with Stamp  
Name : UMA SHANKAR PRASAD  
(in full)  
Date : 29.11.2016  
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 : Dr. BISHWAJIT PRASAD AZAD  
(in capital letters)
2. Designation : ASSISTANT PROFESSOR
3. Department : MEDICINE
4. Institution : NALANDA MEDICAL COLLEGE AND HOSPITAL, PATNA
5. Educational Qualification : M.B.B.S; M.D. (GEN. MEDICINE)
6. Medical Council Registration :

	Number	Year	Registration Council
UG	22029	1985	B.C.M.R.
PG	22029	2007	B.C.M.R.

7. Date of Joining in the Institution : 09.10.2006
8. Whether UG or PG Teacher : U.G. TEACHER
9. Teaching Experience : 10 Yrs. 01 Month  
(Years & completed months)
10. Number of Promotion's : ONE  
&  
Post/s to which Promoted till date ASSISTANT PROFESSOR
11. Training undergone : NA

#### SELF DECLARATION BY THE FACULTY / DOCTOR :

All the information/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.

*Bishwajit Prasad Azad*

Signature of the Faculty/Doctor/Officer  
Name : BISHWAJIT PRASAD AZAD  
(in full)  
Date : 29.11.2016  
Place : NMC & H, Patna

*Uma Shankar Prasad*

Counter Signature of the HOD with Stamp  
Name : UMA SHANKAR PRASAD  
(in full)  
Date : 29.11.2016  
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 : Dr. BIBHU PRASAD  
(in capital letters)
2. Designation : ASSISTANT PROFESSOR
3. Department : MEDICINE
4. Institution : NALANDA MEDICAL COLLEGE AND HOSPITAL, PATNA
5. Educational Qualification : M.B.B.S; M.D. (GEN. MEDICINE)
6. Medical Council Registration :


	Number	Year	Registration Council
UG	21475	1984	B.C.M.R.
PG	21475	2007	B.C.M.R.

7. Date of Joining in the Institution : 03.02.2015
8. Whether UG or PG Teacher : U.G. TEACHER
9. Teaching Experience :  
(Years & completed months)
10. Number of Promotion/s :  
&  
Post/s to which Promoted till date
11. Training undergone :

#### SELF DECLARATION BY THE FACULTY / DOCTOR :

All the information/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.

 30-11-16  
Signature of the Faculty/Doctor/Officer  
BIBHU PRASAD  
Name :  
(in full)  
Date : 29.11.2016  
Place : NMC & H, Patna

  
Counter Signature of the HOD with Stamp  
Name/MA SHANKAR PRASAD  
(in full)  
Date : 29.11.2016  
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 : Dr. MUKUL KUMAR  
(in capital letters)
2. Designation : ASSISTANT PROFESSOR
3. Department : MEDICINE
4. Institution : NALANDA MEDICAL COLLEGE AND HOSPITAL, PATNA
5. Educational Qualification : M.B.B.S; M.D. (GEN. MEDICINE)
6. Medical Council Registration :

	Number	Year	Registration Council
UG	17243	1981	B.C.M.R.
PG	17243	2006	B.C.M.R.

7. Date of Joining in the Institution : 03.02.2015
8. Whether UG or PG Teacher : U.G. TEACHER
9. Teaching Experience : 11 Yrs. 7 Months  
(Years & completed months)
10. Number of Promotion/s :  
&  
Post/s to which Promoted till date
11. Training undergone :

#### SELF DECLARATION BY THE FACULTY / DOCTOR :

All the information/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.

*Mukul Kumar*

Signature of the Faculty/Doctor/Officer  
Name : MUKUL KUMAR  
(in full)  
Date : 29.11.2016  
Place : NMC & H, Patna

*Uma Shankar Prasad*

Counter Signature of the HOD with Stamp  
Name : UMA SHANKAR PRASAD  
(in full)  
Date : 29.11.2016  
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 : Dr. NAGENDRA MOHAN SINHA  
(in capital letters)
2. Designation : ASSISTANT PROFESSOR
3. Department : MEDICINE
4. Institution : NALANDA MEDICAL COLLEGE AND HOSPITAL, PATNA
5. Educational Qualification : M.B.B.S; M.D. (GEN. MEDICINE)
6. Medical Council Registration :


	Number	Year	Registration Council
UG	17255	1981	B.C.M.R.
PG	17255	2006	B.C.M.R.

7. Date of Joining in the Institution : 30.03.2005
8. Whether UG or PG Teacher : U.G. TEACHER
9. Teaching Experience : 11 Yrs. 8 Months  
(Years & completed months)
10. Number of Promotion/s : ONE  
&  
Post/s to which Promoted till date ASSISTANT PROFESSOR
11. Training undergone :

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

All the information/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 : NAGENDRA MOHAN SINHA  
(in full)  
Date : 29.11.2016  
Place : NMC & H, Patna

  
Counter Signature of the HOD with Stamp  
Name : UMA SHANKAR PRASAD  
(in full)  
Date : 29.11.2016  
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 : Dr. ASHUTOSH KUMAR SINHA  
(in capital letters)
2. Designation : ASSISTANT PROFESSOR *OF Cardiology*
3. Department : ~~CARDIOLOGY~~ (MEDICINE)
4. Institution : NALANDA MEDICAL COLLEGE AND HOSPITAL, PATNA
5. Educational Qualification : M.B.B.S.(Hons.), M.D.(GEN. MEDICINE),DM (CARDIOLOGY)
6. Medical Council Registration :

	Number	Year	Registration Council
UG	50204	2005	U.P.
PG	50204	2008	U.P.
DM	43433	2015	BIHAR

7. Date of Joining in the Institution : 01.04.2015
8. Whether UG or PG Teacher : U.G. & P.G. TEACHER
9. Teaching Experience : 5 Yrs.  
(Years & completed months)
10. Number of Promotion/s :  
&  
Post/s to which Promoted till date
11. Training undergone :

#### SELF DECLARATION BY THE FACULTY / DOCTOR :


All the information/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 : ASHUTOSH KUMAR SINHA  
(in full)

Date : 29.11.2016

Place : NMC & H, Patna

  
Counter Signature of the HOD with Stamp

Name : UMA SHANKAR PRASAD  
(in full)

Date : 29.11.2016

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 : Dr. SANJAY KUMAR  
(in capital letters)
2. Designation : ASSISTANT PROFESSOR
3. Department : MEDICINE
4. Institution : NALANDA MEDICAL COLLEGE AND HOSPITAL, PATNA
5. Educational Qualification : M.B.B.S; M.D. (GEN. MEDICINE)
6. Medical Council Registration :

	Number	Year	Registration Council
UG	32368	2001	B.C.M.R.
PG	32368	2007	B.C.M.R.

7. Date of Joining in the Institution : 26.05.2016
8. Whether UG or PG Teacher : U.G. TEACHER
9. Teaching Experience : 03 Yrs. 09 Months  
(Years & completed months)
10. Number of Promotion/s :  
&  
Post/s to which Promoted till date
11. Training undergone : NA

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

All the information/entries as furnished above (under the points I to II) 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*

Signature of the Faculty/Doctor/Officer

Name : SANJAY KUMAR  
(in full)

Date : 29.11.2016

Place : NMC & H, Patna

*Uma Shankar Prasad*

Counter Signature of the HOD with Stamp

Name : UMA SHANKAR PRASAD  
(in full)

Date : 29.11.2016

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 : Dr. KAUSHAL KUMAR  
(in capital letters)
2. Designation : SENIOR RESIDENT
3. Department : MEDICINE
4. Institution : NALANDA MEDICAL COLLEGE AND HOSPITAL, PATNA
5. Educational Qualification : M.B.B.S; M.D. (MEDICINE)
6. Medical Council Registration :

	Number	Year	Registration Council
UG	15750	1980	BCMR
PG	15750	2000	BCMR

7. Date of Joining in the Institution : 16.01.1998
8. Whether UG or PG Teacher : U.G. & P.G. TEACHER
9. Teaching Experience : 21 Yrs.  
(Years & completed months)
10. Number of Promotion/s : NIL  
&  
Post/s to which Promoted till date
11. Training undergone : NIL

#### SELF DECLARATION BY THE FACULTY / DOCTOR :

All the information/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 : KAUSHAL KUMAR  
(in full)

Date : 29.11.2016

Place : NMC & H, Patna



Counter Signature of the HOD with Stamp

Name : UMA SHANKAR PRASAD  
(in full)

Date : 29.11.2016

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 : Dr. UDAY SHANKAR PRIYADARSHI  
(in capital letters)
2. Designation : SENIOR RESIDENT
3. Department : MEDICINE
4. Institution : NALANDA MEDICAL COLLEGE AND HOSPITAL, PATNA
5. Educational Qualification : M.B.B.S; M.D. (MEDICINE)
6. Medical Council Registration :


	Number	Year	Registration Council
UG	27613	1992	BCMR
PG	27613	2015	BCMR

7. Date of Joining in the Institution : 06.01.2015
8. Whether UG or PG Teacher : U.G.
9. Teaching Experience : 1 Yr. 11 Months  
(Years & completed months)
10. Number of Promotion/s : NIL  
&  
Post/s to which Promoted till date
11. Training undergone : NIL

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

All the information/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 : UDAY SHANKAR PRIYADARSHI  
(in full)  
Date : 29.11.2016  
Place : NMC & H, Patna

  
Counter Signature of the HOD with Stamp  
Name : UMA SHANKAR PRASAD  
(in full)  
Date : 29.11.2016  
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 : Dr. RAJEEV KUMAR  
(in capital letters)
2. Designation : SENIOR RESIDENT
3. Department : MEDICINE
4. Institution : NALANDA MEDICAL COLLEGE AND HOSPITAL, PATNA
5. Educational Qualification : M.B.B.S; M.D. (MEDICINE)
6. Medical Council Registration :

	Number	Year	Registration Council
UG	38163	2002-2009	BCMR
PG	38163	2011-2014	BCMR

7. Date of Joining in the Institution : 09.09.2015
8. Whether UG or PG Teacher : U.G.
9. Teaching Experience : 14 Months and 15 Days and Continue  
(Years & completed months)
10. Number of Promotion/s : NIL  
&  
Post/s to which Promoted till date
11. Training undergone : NIL

#### SELF DECLARATION BY THE FACULTY / DOCTOR :

All the information/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.

*Rajeev Kumar*

Signature of the Faculty/Doctor/Officer

Name : RAJEEV KUMAR  
(in full)

Date : 29.11.2016

Place : NMC & H, Patna

*Uma Shankar Prasad*

Counter Signature of the HOD with Stamp

Name : UMA SHANKAR PRASAD  
(in full)

Date : 29.11.2016

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 : Dr. RAVI KUMAR RAMAN  
(in capital letters)
2. Designation : SENIOR RESIDENT
3. Department : MEDICINE
4. Institution : NALANDA MEDICAL COLLEGE AND HOSPITAL, PATNA
5. Educational Qualification : M.B.B.S; M.D. (MEDICINE)
6. Medical Council Registration :


	Number	Year	Registration Council
UG	38353	2002 - 2009	BCMR
PG	38353	2011 - 2014	BCMR

7. Date of Joining in the Institution : 09.09.2015
8. Whether UG or PG Teacher : U.G.
9. Teaching Experience : 14 Months and 15 Days and Continue  
(Years & completed months)
10. Number of Promotion/s : NIL  
&  
Post/s to which Promoted till date
11. Training undergone : NIL

#### SELF DECLARATION BY THE FACULTY / DOCTOR :

All the information/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 : RAVI KUMAR RAMAN  
(in full)  
Date : 29.11.2016  
Place : NMC & H, Patna

  
Counter Signature of the HOD with Stamp  
Name : UMA SHANKAR PRASAD  
(in full)  
Date : 29.11.2016  
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 : Dr. ANSHUL ANURAG  
(in capital letters)
2. Designation : JUNIOR RESIDENT
3. Department : MEDICINE
4. Institution : NALANDA MEDICAL COLLEGE AND HOSPITAL, PATNA
5. Educational Qualification : M.B.B.S
6. Medical Council Registration :

	Number	Year	Registration Council
UG	41800	2013	BCMR
PG			

7. Date of Joining in the Institution : 05.01.2015
8. Whether UG or PG Teacher :
9. Teaching Experience :  
(Years & completed months)
10. Number of Promotion/s : NIL  
&  
Post/s to which Promoted till date
11. Training undergone : NIL

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

All the information/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.

*Anshul Anurag*

Signature of the Faculty/Doctor/Officer

Name : ANSHUL ANURAG  
(in full)

Date : 29.11.2016

Place : NMC & H, Patna

*Uma Shankar Prasad*

Counter Signature of the HOD with Stamp

Name : UMA SHANKAR PRASAD  
(in full)

Date : 29.11.2016

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 : Dr. RAMAKANT PRASAD  
(in capital letters)
2. Designation : ASSISTANT PROFESSOR
3. Department : MEDICINE
4. Institution : NALANDA MEDICAL COLLEGE AND HOSPITAL, PATNA
5. Educational Qualification : M.B.B.S; M.D. (GEN. MEDICINE), D.T.M. & H.
6. Medical Council Registration :

	Number	Year	Registration Council
UG	20598	1983	B.C.M.R.
PG	20598	2013	B.C.M.R.

7. Date of Joining in the Institution : 04.03.2013
8. Whether UG or PG Teacher : U.G. TEACHER
9. Teaching Experience : 08 Yrs. 09 Months  
(Years & completed months)
10. Number of Promotion/s :  
&  
Post's to which Promoted till date
11. Training undergone : NA

#### SELF DECLARATION BY THE FACULTY / DOCTOR :

All the information/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.

*Ramakant Prasad*

Signature of the Faculty/Doctor/Officer

Name : RAMAKANT PRASAD  
(in full)

Date : 29.11.2016

Place : NMC & H, Patna

*Uma Shankar Prasad*

Counter Signature of the HOD with Stamp

Name : UMA SHANKAR PRASAD  
(in full)

Date : 29.11.2016

Place : NMC & H, Patna