

1. Name of Faculty - DR DINA NATH SINGH.

2. DESIGNATION - PROFESSOR

3. — PATHOLOGY DEPARTMENT

4. — M.D. (PATHOLOGY)

NALANDA MEDICAL COLLEGE, PATNA

5. Medical Council Registration No. 12976.

6. U.G. & PG Number, Year & Result: U.G - 16-6-1977. (PG. 2A-1-2011)

7. Date of joining in this institution: 24-12-1997. (As, A.P.)

8. Whether U.G. or PG Teacher: — U.G. teacher.

9. Teaching Experience: 32 yrs 9 months.

(Years & completed months)

10. Number of Promotions: Three.

&
Posts to which Promoted: Professor.

ill date

11. Trainings undergone: NIL

❖ SELF DECLARATION BY THE FACULTY / DOCTOR
All the informations / entries as furnished above (under the points I 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.

D. Singh
16/11/16

SIGNATURE OF THE FACULTY / DOCTOR / OFFICER
NAME: DR. DINA NATH SINGH.
(in full)
Date: 16.11.16
Place: NMC & H, Patna

D. Singh
16/11/16

COUNTER SIGNATURE OF THE HOD WITH STAMP
NAME: Dr. DINA NATH SINGH.
(in full)
Date: 16.11.16.
Place: NMC & H, Patna
होमोपैथी एवं विभागाध्यक्ष
होमोपैथी विभाग
नालन्दा मेडिकल कॉलेज, पटना

- 1 Name of the doctor/faculty (in capital letter) SACHIDA NAND SHRIVASTAVA
- 2 Designation - Professor
3. Department Pathology
4. Institution (Qualification): MD
5. Medical Council Registration Number: 1A169/78 (Bihar Med. Council, Patna)
6. U.G. & PG: Number, Year & Registration Council: UG - 11-11-78
PG - 9-04-2007
7. Date of Joining in this institution: 21.09.2010
8. Whether UG or PG Teacher: UG
9. Teaching Experience: 29 yrs 6 months.
(Years & completed months)
10. Number of Promotion/s: &
Posts to which Promoted Professor
till date
11. Trainings undergone: Medical Teaching Technology August 2011.

❖ 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.

Sachida Nand Shrivastava

Dr Singh

Sachida Nand Shrivastava

SIGNATURE OF THE FACULTY / DOCTOR / OFFICER

NAME: SACHIDA NAND SHRIVASTAVA

(in full)

Date: 16-11-2016

Place: NMC & H, Patna

COUNTER SIGNATURE OF THE HOD WITH STAMP

NAME: DR. DINANATH SINGH

(in full)

Date: 16-11-2016

Place: NMC & H, Patna

राध्यापक एवं विभागाध्यक्ष

पैथोलॉजी विभाग

शासना मेडिकल कलेज, पटना

1. Name of Faculty/Doctor's name — DR. ARVIND DAYAL
2. Designation — Associate Professor
3. Department — Pathology
4. Institute — Noida Medical College & Hospital, Patna
5. Educational Qualification — M.B.B.S, M.D (Path)
6. Medical Council Registration (U.G. & PG) Number, Year & Registration Council — 12151, ~~2003~~ Bihar Council of Medical Registration
Date — MBBS — May 1974
M.D(Path) — September 1981
7. Date of joining in this institution: — 12-01-2014
8. Whether U.G. or PG Teacher: — U.G. teacher
9. Teaching Experience: — 23 Years approx
(Years & completed months)
10. Number of Promotions: — Two
&
Posts to which Promoted: — Assistant Professor & Associate Professor
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.

Dayal

SIGNATURE OF THE FACULTY / DOCTOR / OFFICER
NAME: ARVIND DAYAL
(in full)
Date: 16/11/2016
Place: NMC & H, Patna

Singh

COUNTER SIGNATURE OF THE HOD WITH STAMP
NAME: Dr. Anur Nath Singh
(in full)
Date: 16.11.16
Place: NMC & H, Patna

शाखापक एवं विभागाध्यक्ष
पथोलॉजी विभाग
बाबसाहेब मेडिकल कालिज, पटना

1. Name of Doctor (Faculty) Dr Om Prakash Dwivedy DR OM PRAKASH DWIVEDY
2. Designation Associate Professor
3. Department Pathology
4. Institution - Nalanda Medical College & Hospital Patna
5. Educational Qualifications MBBS - MD
6. Medical Council Registration: 15967/SI (Bihar Council of Medical Registration)
7. Date of Joining in this institution: 27.02.1992
8. Whether UG or PG Teacher: UG Teacher
9. Teaching Experience: 24 yrs. 9 months (approx)
- (Years & completed months)
10. Number of Promotions: TWO
- &
- Posts to which Promoted: ASSOCIATE PROFESSOR
- 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.

Om Prakash Dwivedy

SIGNATURE OF THE FACULTY / DOCTOR / OFFICER

NAME: DR OM PRAKASH DWIVEDY

(in full)

Date: 16/11/16

Place: NMC & H, Patna

Dr. Dinesh Nath Singh

COUNTER SIGNATURE OF THE HOD WITH STAMP

NAME: Dr. Dinesh Nath Singh.

(in full)

Date: 16.11.16

Place: NMC & H, Patna

अध्यापक एवं विभागाध्यक्ष

पथोलॉजी विभाग

नलन्दा मेडिकल कॉलेज, पटना

1. Institution : Nalanda Medical College & Hospital, Patna
2. Educational Qualification :
3. Medical Council Registration :
4. UG & PG : Number, Year & Registration Council :
5. Date of Joining in this institution :
6. Whether UG or PG Teacher :
7. Teaching Experience :
(Years & completed months)
8. Number of Promotions :
&
Posts to which Promoted
till date
9. Trainings undergone :

DR. CHAND PRAKASH JAISWAL
 ASST. PROF.
 DEPT. OF PATHOLOGY
 M.D. (PATH)
 25033990
 24/07/2002
 UG
 14 years 4 months
 one
 Asst Prof.
 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.

Chand Prakash Jaiswal
 SIGNATURE OF THE FACULTY / DOCTOR / OFFICER
 NAME : CHAND PRAKASH JAISWAL
 (in full)
 Date : 16/11/16
 Place : NMC & H, Patna

Dr. Dina Krishna Singh
 COUNTER SIGNATURE OF THE HOD WITH STAMP
 NAME : Dr. Dina Krishna Singh
 (in full)
 Date : 16.11.16
 Place : NMC & H, Patna

बिद्यापक एवं विद्यापारम्बक
 पंचोत्तमी विद्यालय
 नालन्दा मेडिकल कालिज, पटना

1. Name of faculty — DR. NARESH KUMAR SRIVASTAVA.
2. Designation — ASSISTANT PROFESSOR.
3. Department — PATHOLOGY.
4. Institution — Nalanda Medical College & Hospital, Patna — NALANDA MEDICAL COLLEGE, PATNA
5. Educational Qualification: — M.D. (PATHOLOGY)
6. Medical Council Registration: 14699 (U.G.-30-4-1979), PG-14699 (21-9-2006)
(U.G. & PG: Number, Year & Registration Council)
7. Date of joining in this institution: 16-4-2013.
8. Whether UG or PG Teacher: UG TEACHER.
9. Teaching Experience:
(Years & completed months) 7YRS. 10 MONTHS.
10. Number of Promotions: & 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.

Naresh Kumar Srivastava

Ding Nath Singh
16.11.16

SIGNATURE OF THE FACULTY / DOCTOR / OFFICER
NAME: DR. NARESH KUMAR SRIVASTAVA.
(in full)
Date: 16/11/2016.
Place: NMC & H, Patna

COUNTER SIGNATURE OF THE HOD WITH STAMP
NAME: Dr. Ding Nath Singh.
(in full)
Date: 16.11.16
Place: NMC & H, Patna

Dr. Naresh Kumar Srivastava
M.D. (PATNA)
Asstt. Professor
Deptt. of Pathology
Nalanda Medical College, Patna

भाष्यापक एवं विभागाध्यक्ष
पथोलॉजी विभाग
नालन्दा मेडिकल कॉलेज १२-

1. Name of the Doctor/Faculty : DR. SUNIL KUMAR
2. Designation : ASSISTANT PROFESSOR
3. Is promotion : PATHOLOGY
4. Institution : Nalanda Medical College & Hospital, Patna : NALANDA MEDICAL COLLEGE PATNA
5. Educational Qualification : MBBS; MD(Path); DCP.
6. Medical Council Registration : MBBS: 25084; MCI BHAR, 1990; DCP: MCI BHAR - 1994
(UG & PG : Number, Year & Registration Council) MD (Path), MCI BHAR - 1999
7. Date of Joining in this institution : 10.1.2014
8. Whether UG or PG Teacher : UG Teacher
9. Teaching Experience :
(Years & completed month) 8 years; 5 months; 21 days.
10. Number of Promotion/s : One ; promoted to Assistant Professor, Pathology.
&
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.

Sunil Kumar
SIGNATURE OF THE FACULTY / DOCTOR / OFFICER
NAME: DR. SUNIL KUMAR
(in full)
Date : 16 / 11 / 2016
Place : NMC & H, Patna NMC Patna

Dr. Dina Nath Singh
16.11.16
COUNTER SIGNATURE OF THE HOD WITH STAMP
NAME : Dr. Dina Nath Singh
(in full)
Date : 16.11.16
Place : NMC & H, Patna

डा. दिनाथ एवं विभागाध्यक्ष
पथोलॉजी विभाग
गान्धारी मेडिकल कॉलेज, पटना

KK

1. Name of faculty :- DR. KAMLA KUMARI

Assistant professor.
Pathology

Department: Pathology
Institution: Noida Medical College & Hospital Patna

2. Educational Qualifications: M.B.B.S. M.D. Pathology

3. Medical Council Registration: 22460/86
4. UG & PG: Number, Year & Registration Council: 22460/86 15/4 May, 22460/86, 30.6.09 Patna

7. Date of Joining in this institution: 14.7.14

8. Whether UG or PG Teacher: Tutor 6 yrs, 7 month, Assistant prof. 1 year, 2 month

9. Teaching Experience: (Years & completed months)

Assistant professor

10. Number of Promotions: &

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.

KK
16.11.16
SIGNATURE OF THE FACULTY / DOCTOR / OFFICER
NAME: Kamla Kumari
(in full)
Date: 16.11.16
Place: NMC & H, Patna

Dr. Dina Nath Singh
COUNTER SIGNATURE OF THE HOD WITH STAMP
NAME: Dr. Dina Nath Singh
(in full)
Date: 14.11.16
Place: NMC & H, Patna

नाम्नापक एवं विभागाध्यक्ष
पथोलॉजी विभाग
राजन्दा मेडिकल कालिज, पटना



- 1 Name of Faculty: DR. MANOHAR LAL
- 2 Designation: ASSISTANT PROFESSOR (CONTRACT)
- 3 Department: PATHOLOGY
- 4 Institution: NMC & H, Patna NALANDA MEDICAL COLLEGE PATNA
- 5 Educational Qualification: MBBS; MD PATHOLOGY
- 6 Medical Council Registration: MBBS; MCG Bihar: 21688/83 MD, MCI Bihar (1988); Reg No 21688/2008
UG & PG Number, Year & Registration No. in full
- 7 Date of joining in this institution: 18-05-2011
- 8 Whether UG or PG Teacher: UG TEACHER
- 9 Teaching Experience: 5 years & 6 months
(Years & completed months)
- 10 Number of Promotions: ONE
&
Posts to which Promoted till date Promoted to Assistant Professor (Contract)
- 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.

Manohar Lal
SIGNATURE OF THE FACULTY / DOCTOR / OFFICER
NAME: DR. MANOHAR LAL
(in full)
Date: 17/11/2016
Place: NMC & H, Patna

Deep Singh 16/11/16
COUNTER SIGNATURE OF THE HOD WITH STAMP
NAME: Dr. Divya Nath Singh
(in full)
Date: 16/11/16
Place: NMC & H, Patna

हाथ्यापक एवं विभागाध्यक्ष
पैथोलॉजी विभाग
बालन्दा मेडिकल कलेज, पटना

- 1 Name of FACULTY :- DR. REENA SINHA.
2 DESIGNATION ASSISTANT PROFESSOR [Contract]
3 Department - PATHOLOGY.
Institution :- Nanda Medical College & Hospital, Patna.
Educational Qualifications :- MBBS, DGO, MD [PATHOLOGY]
6 Medical Council Registration : 29570 Dt. 3.01-97 [UG]
(UG & PG : Number, Year & Registration Council)
7 Date of Joining in this institution : 4.2.15 29570 - June 2006 [PG]
8 Whether UG or PG Teacher : UG TEACHER.
9 Teaching Experience : → 5 yrs. and 5 months.
(Years & completed months)
10 Number of Promotion(s) : one
&
Post/s to which Promoted till date Assistant Professor ; [Contractual].
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.

Reena Sinha
SIGNATURE OF THE FACULTY / DOCTOR / OFFICER
NAME: DR. REENA SINHA.
(in full)
Date: 16/11/2016
Place: NMC & H, Patna

Dr. D.N. Singh
16/11/16
COUNTER SIGNATURE OF THE HOD WITH STAMP
NAME: DR. D.N. SINGH
(in full)
Date: 16/11/2016
Place: NMC & H, Patna

हाय्यापक एवं विभागाध्यक्ष
पैथोलॉजी विभाग
बालन्दा मेडिकल कॉलेज, पटना

1. Name of faculty - DR. PRATIBHA SRIVASTAVA ^{Rea}
2. Designation - ASSISTANT PROFESSOR (CONTRACTUAL)
3. Department - PATHOLOGY
4. Institution - NMC & H, Patna
5. Educational Qualification - M.B.B.S., M.D. (PATHOLOGY)
6. Medical Council Registration:
(UG & PG; Number, Year & Registration Council) UG - 31818 dt. 30.03.2000 } THE
7. Date of Joining in this institution: 03.12.2009 PG - 31818 dt. April 2006 } BIHAR
8. Whether UG or PG Teacher: - UG TEACHER } COUNCIL
9. Teaching Experience: OF MEDICAL
(Years & completed months) 6 yrs 11 mths. REGISTRATION
10. Number of Promotion(s): - One
&
Post/s to which Promoted till date - ASSISTANT PROFESSOR (CONTRACTUAL)
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.

Pratibha Srivastava

SIGNATURE OF THE FACULTY / DOCTOR / OFFICER
NAME:

(in full) DR. PRATIBHA SRIVASTAVA

Date: 16 / 11 / 2016

Place: NMC & H, Patna

D.N. Singh
16/11/16

COUNTER SIGNATURE OF THE HOD WITH STAMP
NAME:

(in full) DR. D.N. SINGH

Date: 16 / 11 / 2016

Place: NMC & H, Patna

हाय्यापक एवं विभागाध्यक्ष
पैथोलॉजी विभाग
शासना मेडिकल कॉलेज, पटना

1. Name of the Faculty —

2. Designation —

3. Department —

4. Name of the Institution —

5. Medical Council Registration :

U.G. & PG, Number, Year & Registration Council

6. Date of joining in this institution :

7. Whether U.G. or PG Teacher :

8. Teaching Experience :

(Years & completed month)

9. Number of Promotions :

&
Posts to which Promoted
till date

10. Trainings undergone : **AIIMS & STC**

DR. ARUN KUMAR

**TUTOR
PATHOLOGIST**

**NALANDA MEDICAL COLLEGE,
PATNA**

MD (PATHOLOGY)

21600/1984 BCMA

20.02.2015. (as Tutor)

4th teacher

10 yrs 1 month

NIL

❖ SELF DECLARATION BY THE FACULTY / DOCTOR :

All the informations / entries as furnished above (under the points 1 to 10) 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.


17.11.16

SIGNATURE OF THE FACULTY / DOCTOR / OFFICER

NAME : **DR. ARUN KUMAR**

(in full)

Date : **17 / 11 / 16**

Place : NMC & H, Patna


16/11/16

COUNTER SIGNATURE OF THE HOD WITH STAMP

NAME : **Dr. Dinesh Nath Singh**

(in full)

Date : **16 / 11 / 16**

Place : NMC & H, Patna

ब्राह्म्यापक एवं विभागाध्यक्ष

पथोलॉजी विभाग

नालन्दा मेडिकल कलेज, पटना

1 NAME : SHAILESH KUMAR PANKAJ

2 DESIGNATION : TUTOR.

3 Department : PATHOLOGY.

4 Institution : Nalanda Medical College & Hospital, Patna

5 Educational qualification : MBBS, MD.

6 Medical Council Registration :

U.G. & PG. Number, Year & Registration Council : 41920 (Bihar medical Council)

7 Date of Joining in this institution : 04/09/15 2013

8 Whether U.G. or PG Teacher : UG teacher

9 Teaching Experience :

(Years & completed months) : 3 year & 3 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.

Shailish
15/11/16

SIGNATURE OF THE FACULTY / DOCTOR / OFFICER

NAME : SHAILESH KUMAR PANKAJ

(in full)

Date : 15/11/2016

Place : NMC & H, Patna

Dr. Dena Nath Singh
16/11/16

COUNTER SIGNATURE OF THE HOD WITH STAMP

NAME : Dr. Dena Nath Singh.

(in full)

Date : 16.11.16

Place : NMC & H, Patna

हाल्यारक एवं विभागाध्यक्ष

पथोलॉजी विभाग

शालन्दा मेडिकल कालिज, पटना

1. Name of faculty:- DR. NISHAT RABBANI

2. Designation- Tutor

3. Department- Pathology

4. Institution:- Nalanda Medical College & Hospital, Patna

5. Educational Qualification:- M.B.B.S

6. Medical Council Registration:- 37512 (Bihar Medical Council)

7. UG & PG: Number, Year & Registration Council

8. Date of joining in this institution:- 16/5/16

9. Whether UG or PG Teacher:- UG Teacher

10. Teaching Experience:-

(Years & completed months)

Six months.

11. Number of Promotions:-

&

Post/s to which Promoted

till date

12. Trainings undergone:- Nil

❖ SELF DECLARATION BY THE FACULTY / DOCTOR :

All the informations / entries as furnished above (under the points 1 to 12) 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.

Nishat Rabbani

SIGNATURE OF THE FACULTY / DOCTOR / OFFICER

NAME: DR. NISHAT RABBANI

(in full)

Date: 16/11/2016

Place: NMC & H, Patna

COUNTER SIGNATURE OF THE HOI WITH STAMP

NAME: Dr. Deba Nath Singh

(in full)

Date: 16-11-16

Place: NMC & H, Patna

भाष्यापक एव विभागाध्यक्ष
पैथोलॉजी विभाग
बालनदा मेडिकल कॉलेज, पटना