

**PROFORMA - A**

**Faculty / Doctor's Information**

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

1. Name of the faculty / Doctor (in capital letters) : DR. ANJANI KUMAR SINHA
2. Designation : Epidemiologist cum Lecturer
3. Department : Community Medicine (PSM)
4. Institution : Nalanda Medical College, Patna
5. Educational Qualification : MBBS, MD (General Medicine)
6. Medical Council Registration : UG : Registration No. 17111  
(UG & PG : Number, Year & Registration Council) Year 1981  
Bihar Council of Medical Registration  
PG (General Medicine) : Registration No. 17111  
Year 2013  
Bihar Council of Medical Registration
7. Date of Joining in this institution : 07/01/2003
8. Whether UG or PG Teacher : UG Teacher
9. Teaching Experience : 13 years 11 months  
(Years & completed months)
10. Number of Promotion/s, : 1<sup>st</sup> A.C.P., 2<sup>nd</sup> A.C.P. & D.A.C.P.  
& : C.M.O.  
Post/s to which Promoted till date
11. Trainings undergone : IMNCI

**\* SELF DECLARATION BY 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.

Anjani Kumar Sinha

**SIGNATURE OF THE FACULTY / DOCTOR / OFFICER**

NAME: ANJANI KUMAR SINHA  
(in full)

Date: 15 / 12 / 2016

Place: NMC & H, Patna.

Prakash Chandra  
17/12/16

**COUNTER SIGNATURE OF THE HOD WITH STAMP**

NAME: DR. PRAKASH CHANDRA  
(in full)

Date: 17 / 12 / 2016.

Place: NMC & H, Patna.

**PROFORMA – A**

**Faculty / Doctor's Information**

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

12. Name of the faculty / Doctor (in capital letters) : DR. PRAKASH CHANDRA
13. Designation : Professor & HoD
14. Department : Community Medicine (PSM)
15. Institution : Nalanda Medical College, Patna
16. Educational Qualification : MBBS, MD (PSM)
17. Medical Council Registration : UG : Registration No. 16736  
(UG & PG : Number, Year & Registration Council) Year 1980  
Bihar Council of Medical Registration  
PG (PSM) : Registration No. 16736  
Year 1986  
Bihar Council of Medical Registration
18. Date of Joining in this institution : 11/09/2015
19. Whether UG or PG Teacher : UG & PG Teacher
20. Teaching Experience : 28 years  
(Years & completed months)
21. Number of Promotion/s, : Three Promotions  
&  
Post/s to which Promoted till date  
i) Assistant Professor  
ii) Associate Professor  
iii) Professor
22. Trainings undergone : i) IMNCI &  
ii) Others

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

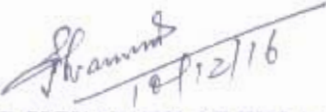
All the informations / entries as furnished above (under the points 1 to 11) by me are CORRECT and TRUE in totality and that, I do take full responsibility for the same that it would be obligatory on my part to produce the pertinent supporting papers/ documents in ORIGINAL, as and when required or asked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

  
SIGNATURE OF THE FACULTY / DOCTOR / OFFICER

NAME: Prakash Chandra  
(in full)

Date: 09/12/16

Place: NMC & H, Patna.

  
COUNTER SIGNATURE OF THE HOD WITH STAMP

NAME: DR. PRAKASH CHANDRA  
(in full)

Date: / /

Place: NMC & H, Patna.

**PROFORMA – A**

**Faculty / Doctor's Information**

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

1. Name of the faculty / Doctor (in capital letters) : DR. AKHOURY PRABHAT KUMAR SINHA
2. Designation : ASSOCIATE PROFESSOR
3. Department : Community Medicine (PSM)
4. Institution : Nalanda Medical College & Hospital, Patna
5. Educational Qualification : MBBS, MD (Preventive & Social Medicine), MD (Radiotherapy)
6. Medical Council Registration : UG : Registration No. 21549  
(UG & PG : Number, Year & Registration Council) Year 1984  
Bihar Council of Medical Registration  
PG (MD:PSM) : Registration No. 21549  
Year 2008  
Bihar Council of Medical Registration
7. Date of Joining in this institution : 18/12/2003 (18 December 2003)
8. Whether UG or PG Teacher : UG & PG Teacher
9. Teaching Experience : 24 years & 08 months  
(Years & completed months)
10. Number of Promotion/s, : Two Promotions  
& i) Assistant Professor  
Post/s to which Promoted till date ii) Associate Professor
11. Trainings undergone : i) IMNCI (Medical Officers' & Trainers') &  
ii) othrs

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

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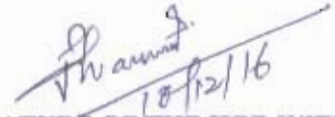


SIGNATURE OF THE FACULTY / DOCTOR / OFFICER

NAME: DR. AKHOURY PRABHAT KUMAR SINHA  
(in full)

Date: 02 / 12 / 2016.

Place: NMC & H, Patna.



COUNTER SIGNATURE OF THE HOD WITH STAMP

NAME: DR. PRAKASH CHANDRA  
(in full)

Date: / /

Place: NMC & H, Patna.

Professor & HoD  
Community Medicine (PSM)  
Nalanda Medical College & Hospital, Patna



## PROFORMA – A

### **Faculty / Doctor's Information**

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

1. **Name of the faculty / Doctor (in capital letters)** : **DR. SUMAN KUMAR**
2. **Designation** : Assistant Professor
3. **Department** : Community Medicine (PSM)
4. **Institution** : Nalanda Medical College, Patna
5. **Educational Qualification** : MBBS, MD (PSM), DCH
6. **Medical Council Registration** : UG : Registration No. 24809  
(UG & PG : Number, Year & Registration Council) Year 1989  
Bihar Council of Medical Registration  
PG (PSM) : Registration No. 24809  
Year 2008  
Bihar Council of Medical Registration
7. **Date of Joining in this institution** : 17 June 2009
8. **Whether UG or PG Teacher** : UG & PG Teacher
9. **Teaching Experience** : 11 years 7 months  
(Years & completed months)
10. **Number of Promotion/s,** : one promotion  
&  
**Post/s to which Promoted till date** From Tutor to the post of Asst. Prof.
11. **Trainings undergone** : 1. TOT; (National Trainer) IMNCI  
2. National Trainer ARSH (Training in New Delhi & Sweden)  
3. Training Teaching Technique – SAIMS, Indore  
4. IDSP  
5. ICD10  
6. National Trainer; Neonatal Resuscitation

**\* SELF DECLARATION BY 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:  
(in full)

*Suman Kumar*  
**SUMAN KUMAR**

Date: 09/12/2016

Place: NMC & H, Patna.

**COUNTER SIGNATURE OF THE HOD WITH STAMP**

NAME: DR. PRAKASH CHANDRA  
(in full)

Date: / /

Place: NMC & H, Patna.

*Prakash Chandra*  
18/12/16

Prof. of & HOD  
Community Medicine  
Nalanda Medical College, Patna

## PROFORMA – A

### **Faculty / Doctor's Information**

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

1. Name of the faculty / Doctor (in capital letters) : DR. AMITA SINHA
2. Designation : Assistant Professor
3. Department : Community Medicine (PSM)
4. Institution : Nalanda Medical College & Hospital, Patna
5. Educational Qualification : MBBS, DGO, MD, DNBI
6. Medical Council Registration : UG : Registration No. 25497  
(UG & PG : Number, Year & Registration Council) Year 1990  
Bihar Council of Medical Registration  
PG (MD:PSM) : Registration No. 25497  
Year 2008  
Bihar Council of Medical Registration
7. Date of Joining in this institution : 04/03/2013
8. Whether UG or PG Teacher : UG & PG Teacher
9. Teaching Experience : 9 years 3 months  
(Years & completed months) Katihar Medical College – 5 yrs 6 months  
Nalanda Medical College – 3 yrs 9 months
10. Number of Promotion/s, : No Promotion  
&  
Post/s to which Promoted till date
11. Trainings undergone : i) Basic Medical Education of MCI held at Indore (SAIMS)  
ii) ATCOM training of MCI at Indore

**\* SELF DECLARATION BY 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.

*Amita Sinha*

**SIGNATURE OF THE FACULTY / DOCTOR / OFFICER**

NAME: DR AMITA SINHA  
(in full)

Date: 3/12/2016

Place: NMC & H, Patna.

*Prakash Chandra*  
10/12/16

**COUNTER SIGNATURE OF THE HOD WITH STAMP**

NAME: DR. PRAKASH CHANDRA  
(in full) Professor & HoD.

Date: / / Community Medicine (PSM)

Place: NMC & H, Patna. Nalanda Medical College Patna

**PROFORMA – A**

**Faculty / Doctor's Information**

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

1. Name of the faculty / Doctor (in capital letters) : DR. MD. SERAJ ANSARI
2. Designation : Assistant Professor
3. Department : Community Medicine (PSM)
4. Institution : Nalanda Medical College, Patna
5. Educational Qualification : MBBS, MD (PSM)
6. Medical Council Registration : UG : Registration No. 31057  
(UG & PG : Number, Year & Registration Council) Year 1999  
Bihar Council of Medical Registration  
PG (PSM) : Registration No. 31057  
Year 2006  
Bihar Council of Medical Registration
7. Date of Joining in this institution : 27/01/2010
8. Whether UG or PG Teacher : UG ~~Teacher~~ <sup>2x PG Teacher</sup>
9. Teaching Experience : 8 years 2 months  
(Years & completed months)
10. Number of Promotion/s, & Post/s to which Promoted till date : No Promotions
11. Trainings undergone : IMNCI, FIMNCI, ARSH Programme

**\* SELF DECLARATION BY 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.

*MD. SERAJ ANSARI*

SIGNATURE OF THE FACULTY / DOCTOR / OFFICER

NAME: MD. SERAJ ANSARI  
(in full)

Date: 07/12/2016

Place: NMC & H, Patna.

*Prakash Chandra*  
12/12/16

COUNTER SIGNATURE OF THE HOD WITH STAMP

NAME: DR. PRAKASH CHANDRA  
(in full) Professor & H.O.

Date: / /  
Community Medicine (PSM),  
Nalanda Medical College, Patna.  
Place: NMC & H, Patna.



**PROFORMA - A**

**Faculty / Doctor's Information**

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

1. Name of the faculty / Doctor (in capital letters) : DR. KUMAR PRAVIN
2. Designation : Assistant Professor
3. Department : Community Medicine (PSM)
4. Institution : Nalanda Medical College, Patna
5. Educational Qualification : MBBS, MD (PSM)
6. Medical Council Registration (UG & PG : Number, Year & Registration Council) : UG : Registration No. 27620  
Year 1993  
Bihar Council of Medical Registration  
PG (PSM) : Registration No. 27620  
Year 2010  
Bihar Council of Medical Registration
7. Date of Joining in this institution : 16/05/2016
8. Whether UG or PG Teacher : UG ~~Teacher~~ & PG Teacher. *Nil*
9. Teaching Experience (Years & completed months) : 11 years 6 months
10. Number of Promotion/s, & Post/s to which Promoted till date : Nil
11. Trainings undergone : Nil

**\* SELF DECLARATION BY 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.

*Kumar Pravin*  
9.12.16

**SIGNATURE OF THE FACULTY / DOCTOR / OFFICER**

NAME: *Dr. Kumar Pravin*  
(in full)

Date: 9 / 12 / 2016

Place: NMC & H, Patna.

*Prakash*  
18/12/16

**COUNTER SIGNATURE OF THE HOD WITH STAMP**

NAME: DR. PRAKASH CHANDRA  
(in full)

Date: /

Place: NMC & H, Patna.

*Professor & HoD,*  
Community Medicine (PSM)  
Nalanda Medical College - Patna

**PROFORMA – A**

**Faculty / Doctor's Information**

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

1. Name of the faculty / Doctor (in capital letters) : DR. GUPTESHWAR SINGH
2. Designation : Tutor
3. Department : Community Medicine (PSM)
4. Institution : Nalanda Medical College, Patna
5. Educational Qualification : MBBS, MPH (SCTIMST, Trivendram, Kerala)
6. Medical Council Registration  
(UG & PG : Number, Year & Registration Council) : UG : Registration No. 25222  
Year 1990  
Bihar Council of Medical Registration  
PG (MPH) : Registration No. 25222  
Year 2008  
Bihar Council of Medical Registration
7. Date of Joining in this institution : 06/01/2015
8. Whether UG or PG Teacher : UG ~~Teacher~~ Teacher *Handwritten mark*
9. Teaching Experience  
(Years & completed months) : 10 years 2 months *Handwritten mark*
10. Number of Promotion/s,  
&  
Post/s to which Promoted till date : Three Promotions (1<sup>st</sup> ACP & DACP)  
CMO
11. Trainings undergone : IMNCI, FIMNCI, ICD – 10, Sport supervision of  
Immunization system, Parasitic & Diarrhea Diseases.

**\* SELF DECLARATION BY 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: *Handwritten signature*  
(in full) DR. GUPTESHWAR SINGH.  
Date: 07/12/2016  
Place: NMC & H, Patna.

**COUNTER SIGNATURE OF THE HOD WITH STAMP**

*Handwritten signature*  
10/12/16  
NAME: DR. PRAKASH CHANDRA.  
(in full)  
Professor & HOD,  
Community Medicine (PSM)  
Nalanda Medical College, Patna  
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. Anita Singh
2. Designation : Tutor
3. Department : PSM (Community Medicine)
4. Institution : Nalanda Medical College & Hospital, Patna.
5. Educational Qualification : MS (Obst & Gynae), DGO.
6. Medical Council Registration : MBBS - 22504 Dated - 04.06.1986 (BCMR)  
(UG & PG : Number, Year & Registration Council) MS, DGO - 22504 Dated - 18.02.2009
7. Date of Joining in this institution : 21.05.2008
8. Whether UG or PG Teacher : UG Teacher
9. Teaching Experience : 08 Yrs 08 Month.  
(Years & completed months)
10. Number of Promotion/s, : Promotion (DACP)  
&  
Post/s to which Promoted Post (CMO)  
till date
11. Trainings undergone : DOTs Training, MCH Training, AIDS Training.

❖ 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.

*Anita Singh*  
3/12/2016

SIGNATURE OF THE FACULTY / DOCTOR / OFFICER  
NAME : DR. ANITA SINGH  
(in full)  
Date : 03 / 12 / 2016  
Place : NMC & H, Patna

*Prakash Chandra*  
10/12/16

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

Professor & HoD  
Community Medicine (PSM)  
Nalanda Medical College & Hospital, 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. Ruby Srivastava  |
| 2. Designation :   | Tutor  |
| 3. Department :  | PSM (Community Medicine)   |
| 4. Institution : Nalanda Medical College & Hospital, Patna.                          |  |
| 5. Educational Qualification :   | MBBS, DGO  |
| 6. Medical Council Registration :<br>(UG & PG : Number, Year & Registration Council) | MBBS - 23535 Dated - 16.04.1988 (BCMR)                           |
| 7. Date of Joining in this institution :   | 06.01.2015   |
| 8. Whether UG or PG Teacher :  | UG Teacher   |
| 9. Teaching Experience :<br>(Years & completed months)                               | 01 Yr 11 Months.   |
| 10. Number of Promotion/s, :<br>&<br>Post/s to which Promoted<br>till date           | Promotion (DACP)<br><br>Post (CMO)                               |
| 11. Trainings undergone :  | DOTs Training, MCH Training, AIDS Training,<br>LEPROSY Training. |

❖ **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.

*Ruby Srivastava*

SIGNATURE OF THE FACULTY / DOCTOR / OFFICER  
NAME: DR. RUBY SRIVASTAVA  
(in full)  
Date: 03 / 12 / 2016  
Place : NMC & H, Patna

*Prakash Chandra*  
10/12/16

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

Professor & HOD  
Community Medicine  
Nalanda Medical College, Patna

**PROFORMA – A**

**Faculty / Doctor's Information**

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

1. Name of the faculty / Doctor (in capital letters) : DR. RAJEEV KUMAR
2. Designation : Tutor
3. Department : Community Medicine (PSM)
4. Institution : Nalanda Medical College, Patna
5. Educational Qualification : MBBS, MD (PSM)
6. Medical Council Registration : UG : Registration No. 34424  
(UG & PG : Number, Year & Registration Council) Year 2003  
Bihar Council of Medical Registration  
PG (PSM) : Registration No. 34424  
Year 2013  
Bihar Council of Medical Registration
7. Date of Joining in this institution : 13/01/2014
8. Whether UG or PG Teacher : UG ~~PG~~ *Rajeev*
9. Teaching Experience : 3 years  
(Years & completed months)
10. Number of Promotion/s, : No Promotions  
&  
Post/s to which Promoted till date
11. Trainings undergone : FIMNCI, IYCF

**\* SELF DECLARATION BY 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.

*Rajeev Kumar*  
SIGNATURE OF THE FACULTY / DOCTOR / OFFICER  
NAME: RAJEEV KUMAR  
(in full)  
Date: 07/12/2016  
Place: NMC & H, Patna.

*Prakash Chandra*  
10/12/16  
COUNTER SIGNATURE OF THE HOD WITH STAMP  
NAME: DR. PRAKASH CHANDRA  
(in full)  
Date: / /  
Place: NMC & H, Patna.  
Professor & HoD,  
Community Medicine (PSM)  
Nalanda Medical College, Patna



**PROFORMA – A**

**Faculty / Doctor's Information**

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

1. Name of the faculty / Doctor (in capital letters) : DR. SABIHA AHMED
2. Designation : Tutor
3. Department : Community Medicine (PSM)
4. Institution : Nalanda Medical College, Patna
5. Educational Qualification : MBBS
6. Medical Council Registration : UG : Registration No. 43901  
(UG & PG : Number, Year & Registration Council) Year 2016  
Bihar Council of Medical Registration
7. Date of Joining in this institution : 01 June 2016
8. Whether UG or PG Teacher : UG
9. Teaching Experience : Nil  
(Years & completed months)
10. Number of Promotion/s, : Nil  
&  
Post/s to which Promoted till date
11. Trainings undergone : Nil

**\* SELF DECLARATION BY 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.

*Sabiha Ahmed*

**SIGNATURE OF THE FACULTY / DOCTOR / OFFICER**

NAME: *SABIHA AHMED*  
(in full)

Date: *10/12/2016*

Place: NMC & H, Patna.

*Prakash Chandra*  
*10/12/16*

**COUNTER SIGNATURE OF THE HOD WITH STAMP**

NAME: *DR. PRAKASH CHANDRA*  
(in full)

Date: / /  
Professor & HoD  
Community Medicine (PSM)  
Nalanda Medical College, Patna

Place: NMC & H, Patna.