

PROFORMA - C1

Teaching Schedule Actualization Report

Post Graduate: NO PG COURSE RUNNING IN THE DEPARTMENT

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

Department / Discipline : PSYCHIATRY

Institution : Nalanda Medical College & Hospital, Patna

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

❖ REPORT PROPER :

**Important Note : The term 'Classes\*', as and where used hereunder, implies Classes, Teaching Manouvers, Teaching Interventions and Skill Development Interventions put together.**

**NO PG COURSE CURRENTLY RUNNING IN THE DEPARTMENT**

1. Total number of the Classes\*, that was scheduled to be actualized in the aforesaid month of.....  
(name of the month with year) : In digits :  
In words :
2. Total hours of the Classes\* that were to be actualized in the aforesaid month of .....  
(name of the month with year) : In digits :  
In words :
3. Total number of the Classes\* that were actualized in the aforesaid month of .....  
(name of the month with year) : In digits :  
In words :
4. Total hours of the Classes\* that were actualized in the aforesaid month of .....  
(name of the month with year) : In digits :  
In words :
5. Percentage of the Classes\* actualized with respect to the schedule in the aforesaid month of .....  
(name of the month with year) : In digits :  
In words :
6. The deficit in percentage of the Classes\* with respect to the schedule in the aforesaid month of .....  
(name of the month with year) : In digits :  
In words :
7. Reason/s for the aforesaid deficit :  
(Mention clearly and unambiguously. Please do not skip or leave this column vacant / unfilled, if applicable.  
Unclear / ambiguous statement or vacant / unfilled column would imply that the deficit remains unexplained )

*Santosh Kumar*  
7/12/16

Signature of the HOD WITH STAMP

Name in full :

Date :

Place : NMC & H, Patna.

PROFORMA – C2

Teaching Schedule Actualization Report

Under Graduate: NO UNDER-GRADUATE STUDENT POSTED CLASS SCHEDULED IN NOVEMBER 2016

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

Department / Discipline :

Institution : Nalanda Medical College & Hospital, Patna

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

❖ REPORT PROPER :

**Important Note : The term 'Class\*', as and where used hereunder, implies Classes, Teaching Manouvers, Teaching Interventions put together.**

1. Total number of the Classes\*, that was scheduled to be actualized in the aforesaid month of.....  
(name of the month with year) : In digits :  
In words :
2. Total hours of the Classes\* that were to be actualized in the aforesaid month of.....  
(name of the month with year) : In digits :  
In words :
3. Total number of the Classes\* that were actualized in the aforesaid month of.....  
(name of the month with year) : In digits :  
In words :
4. Total hours of the Classes\* that were actualized in the aforesaid month of.....  
(name of the month with year) : In digits :  
In words :
5. Percentage of the Classes\* actualized with respect to the schedule in the aforesaid month of.....  
(name of the month with year) : In digits :  
In words :
6. The deficit in percentage of the Classes\* with respect to the schedule in the aforesaid month of.....  
(name of the month with year) : In digits :  
In words :
7. Reason/s for the aforesaid deficit :  
(Mention clearly and unambiguously. Please do not skip or leave this column vacant / unfilled, if applicable. Unclear / ambiguous statement or vacant / unfilled column would imply that the deficit remains unexplained )

*Santosh Kumar*  
7/12/16

Signature of the HOD WITH STAMP

Name in full :

Date :

Place : NMC & H, Patna.







Sunder Tam  
7/12/16


- ❖ Total hours of the classes / teaching manouvers / teaching interventions / skill development interventions put together in the aforesaid month of .....year..... : In digits..... ; In words.....
- ❖ Total number of the classes / teaching manouvers / teaching interventions / skill development interventions put together the aforesaid month of .....year..... : In digits..... ; In words.....

*Sunder Tam*  
*for*  
Signature of the HOD WITH STAMP  
Name in full :  
Date :  
Place : NMC & H, Panna.

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 KISHORE KUMAR SINGH
2. Designation : ASSOCIATE PROFESSOR & HEAD
3. Department : PSYCHIATRY
4. Institution: NALANDA MEDICAL COLLEGE, PATNA.
5. Educational Qualification : MBBS, MD (PSYCHIATRY)
6. Medical Council Registration: MBBS-18746/Bihar, BIHAR MEDICAL COUNCIL DATED 3<sup>RD</sup> APRIL 1982  
MD- 18746/Bihar, BIHAR MEDICAL COUNCIL DATED 24/02/2009, MCI Faculty ID No. NALPSY- 300001  
(UG & PG : Number, Year & Registration Council)
7. Date of Joining in this institution : 11/11/1991
8. Whether UG or PG Teacher : UG
9. Teaching Experience : TWENTY FOUR YEARS NINE MONTHS
10. Number of Promotion/s, & Post/s to which Promoted till date: TWO. PROMOTED TO RANK OF PROFESSOR ON VIA LETTER NO 17/A 1-04/09-476(17)/ HEALTH DATED 30/06/2014. STILL WORKING AS ASSOCIATE PROFESSOR.
11. Trainings undergone :

Sl No.	Qualification/Training	Institution	From	To	Duration
1.	MBBS	SRI KRISHNA MEDICAL COLLEGE, MUZAFFARPUR	27/12/1974	31/03/1982	Seven Years <i>Approx</i>
2.	MD(PSYCHIATRY)	PATNA MEDICAL COLLEGE, PATNA	1987	1989	Two Years <i>Approx</i>
3.	ASSISTANT PROFESSOR	NALANDA MEDICAL COLLEGE, PATNA	11/11/1996	04/08/1996	4 YEARS 10 MONTHS (APPROX)
4.	ASSOCIATE PROFESSOR	NALANDA MEDICAL COLLEGE, PATNA	05/08/1996	TILL DATE	19 YEARS 11 MONTHS (APPROX)

❖ 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.

*Kishore Kumar Singh*  
SIGNATURE OF THE FACULTY / DOCTOR / OFFICER  
NAME : KISHORE KUMAR SINGH  
(in full)  
Date : 3 / 12 / 2016  
Place : NMC & H, Patna

*Kishore Kumar Singh*  
COUNTER SIGNATURE OF THE HOD WITH NAME  
NAME : KISHORE KUMAR SINGH  
(in full)  
Date : 3 / 12 / 2016  
Place : NMC & H, Patna

विभागाध्यक्ष  
मानसिक रोग विभाग  
नालन्दा मेडिकल कलेज हस्पिटल, पटना-7

**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 SANTOSH KUMAR
2. Designation : ASSISTANT PROFESSOR
3. Department : PSYCHIATRY
4. Institution : NALANDA MEDICAL COLLEGE & HOSPITAL, PATNA
5. Educational Qualification : MBBS, MD (PSYCHIATRY), FELLOWSHIP IN GERIATRIC MENTAL  
a. HEALTH
6. Medical Council Registration : MCI Rgdn. No 09-7102 DATED 27.05.2009  
a. (UG & PG : Number, Year & Registration Council)
7. Date of Joining in this institution : 13/01/2014
8. Whether UG or PG Teacher : UG
9. Teaching Experience (Years & completed months)
  1. SENIOR RESIDENT- THREE YEARS FIVE MONTHS,
  2. LECTURER- FIVE MONTHS
  3. ASSISTANT PROFESSOR -THREE YEARS ELEVEN MONTHS
10. Number of Promotion/s & Post/s to which Promoted till date: NIL
11. Trainings undergone :

SL NO.	QUALIFICATION/ TRAINING	INSTITUTION	FROM	TO	DURATION
1.	MBBS	THANJAVUR MEDICAL COLLEGE, THANJAVUR	1996	2002	Five and half years
2.	MD (PSYCHIATRY)	PATNA MEDICAL COLLEGE, PATNA	2004	2007	Three years
3.	LECTURER	MGIMS, Wardha	13-03-2008	12-09-2008	6 Months
4.	SENIOR RESIDENT	(1) IMHH, Agra	15-10-2007	12-03-2008	5 Months
		(2) MGIMS, Wardha	13-03-2008	12-09-2008	6 Months
		(3) NIMHANS, Bangaluru	15-09-2008	14-03-2009	6 Months
		(4) GBPH, Delhi	29-05-2009	21-02-2010	9 Month
		(5) IHBAS, Delhi	21-04-2010	25-01-2011	9 Months
		(6) DMCH, Darbhanga	27-01-2011	01-09-2011	6 Month
5.	ASSISTANT PROFESSOR	(1) SMC, Ghaziabad	15-03-2009	28-05-2009	2 Months
		(2) Nalanda Medical College, Patna	28-12-2012	Till Date	3 Yrs 11 Months

❖ 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. SANTOSH KUMAR

(in full)

Date: 03/12/2016

Place: NMC & H, Patna

COUNTER SIGNATURE OF THE HOD WITH SEAL

NAME: KISHORE KUMAR SINGH

(in full)

Date: / /

Place: NMC & H, Patna

निदेशाध्यक्ष  
 नालन्दा मेडिकल कॉलेज व हॉस्पिटल  
 नालन्दा मेडिकल कॉलेज व हॉस्पिटल, पटना-7



## 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 KISHORE PRASAD
2. Designation : SENIOR RESIDENT
1. Department : PSYCHIATRY
4. Institution : Nalanda Medical College & Hospital, Patna.
5. Educational Qualification : MBBS, MD (PSYCHIATRY)
6. Medical Council Registration : 31396/1999 BIHAR MEDICAL COUNCIL  
(UG & PG : Number, Year & Registration Council)
7. Date of Joining in this institution : 13/01/2014
8. Whether UG or PG Teacher : SENIOR RESIDENT
9. Teaching Experience (Years & completed months): TWO YEARS TEN MONTHS OF SENIOR RESIDENCY
10. Number of Promotion/s, & Post/s to which Promoted till date: NIL
11. Trainings undergone :

SL NO.	QUALIFICATION	INSTITUTION	UNIVERSITY	DURATION
1	MBBS	PATNA MEDICAL COLLEGE, PATNA	PATNA UNIVERSITY, PATNA	1992-1998
2	MD(PSYCHIATRY)	PATNA MEDICAL COLLEGE, PATNA	PATNA UNIVERSITY, PATNA	2004-2007

### ❖ 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.

*Raj Kishore Prasad*

SIGNATURE OF THE FACULTY / DOCTOR / OFFICER

NAME : RAJ KISHORE PRASAD  
(in full)

Date : 03/12/2016

Place : NMC & H, Patna

*Kishore Kumar Singh*

COUNTER SIGNATURE OF THE HOD WITH STAMP

NAME : KISHORE KUMAR SINGH

(in full)

Date : 3 / 12 / 2016

Place : NMC & H, Patna

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नालन्दा मेडिकल कॉलेज अस्पताल, पटना-7