

PROFORMA – A
Faculty / Doctor's Information
(To be submitted in clear and legible computer printed form only)

Name of the Faculty / Doctor: Dr. SHEOJI MISHRA
(in capital letters)
Designation: Professor & Head of Department
Department: Skin & V.D.
Institution: Nalanda Medical College & Hospital, Patna.
Educational Qualification: MBBS, MD(Skin & VD)
Medical Council Registration: BCMR (UG 13556/20.03.1978 :: PG 13556 / 03.06.2009)
(UG & PG : Year & Registration Council)
Date of Joining in this institution: 23/05/2005
Whether UG or PG Teacher: UG & PG
Teaching Experience: 28 YEARS 9 MONTHS
(Years & completed months)

Number of Promotion/s & Post/s : 2 a. Assistant Professor to Associate Professor
(to which Promoted till date) b. Associate Professor to Professor
Trainings undergone: HIV , STD

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.

She

SIGNATURE OF THE FACULTY / DOCTOR / OFFICER
NAME: DR. SHEOJI MISHRA
(in full)
Date: 2/12/16
Place: NMC & H, Patna

She

COUNTER SIGNATURE OF THE HOD WITH STAMP
NAME: DR. SHEOJI MISHRA
(in full)
Date: 2/12/16
Place: NMC & H, Patna

विभागाध्यक्ष चर्म रक्त रोग
एन. एच. ओ. एच., पटना

PROFORMA – A
Faculty / Doctor's Information
(To be submitted in clear and legible computer printed form only)

Name of the Faculty / Doctor (in capital letters) : DR. SHREEKANT PRASAD
Designation : ASSOCIATE PROFESSOR
Department : SKIN & VD
Institution : Nalanda Medical College & Hospital, Patna
Educational Qualification : MBBS, MD
Medical Council Registration : UG ; 22679/03.07.1986 :: PG – 22679/03.03.2000
(UG & PG : Number, Year & Registration Council)

Date of Joining in this institution : 02.06.1997
Whether UG or PG Teacher : UG & PG
Teaching Experience : 12 YEAR 02 MONTH
(Years & completed months)
Number of Promotion/s & Post/s : 1 A. Assistant Professor to Associate Professor
(to which Promoted till date)

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 : *Shree Kant Prasad*
(in full)
Date : *02/12/2016*
Place : NMC & H, Patna



COUNTER SIGNATURE OF THE HOD WITH STAMP
NAME : *DR. SHREEJYOTI MISHRA*
(in full)
Date : *2/12/2016*
Place : NMC & H, Patna

*विभागाध्यक्ष चर्म एवं रति रोग
२५० एम० बी० एच० पटना*

PROFORMA – A

Faculty / Doctor's Information

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

Name of the Faculty / Doctor (in capital letters) : DR. SHASHI KANT PRASAD CHAUDHARY
Designation : ASSISTANT PROFESSOR
Department : SKIN & VD
Institution : Nalanda Medical College & Hospital, Patna.
Educational Qualification : MBBS, MD
Medical Council Registration : UG – 22248/23.01.1986; PG- 22248/ 07.02.2013
(UG & PG : Number, Year & Registration Council)
Date of Joining in this institution : 10.01.2013
Whether UG or PG Teacher : UG & PG
Teaching Experience : 2 Years & 4 Months
(Years & completed months)
Number of Promotion/s & Post/s :
(to which Promoted till date)

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.

Shashi Kant Pr. Chaudhary
SIGNATURE OF THE FACULTY / DOCTOR / OFFICER
NAME : SHASHI KANT PRASAD CHAUDHARY
(in full)
Date : 02/12/2016
Place : NMC & H, Patna

SC
COUNTER SIGNATURE OF THE HOD WITH STAMP

NAME : *DR SHEOJIMISHRA*
उप-नि. आध्यक्ष चर्म एवं रति रोग विभाग
(in full) एन. एम. सी. एच., पटना

Date : 2/12/16

Place : NMC & H, Patna

PROFORMA - A

Faculty / Doctor's Information

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

Name of Faculty / Doctor (in capital letters): DR. VIKAS SHANKAR
Designation: ASSISTANT PROFESSOR
Department: SKIN & VD
Institution: Nalanda Medical College & Hospital, Patna.
Educational Qualification: MBBS, MD
Medical Council (UG & PG) (State/All India Council): UG - 35359/08.04.2005 ; PG - 35359/08.06.2012
Date of joining: 01.07.2014
Whether Full Time / Part Time: BOTH
Teaching Experience (Years & Months): 3 YEAR 7 MONTH
Number of Publications (to which journal/ conference/ book/ etc.):
Training:

SELF DECLARATION OF THE FACULTY / DOCTOR :
All the information furnished above (under the points 1 to 11) by me are CORRECT and TRUE in every respect. I take full responsibility for the same that it would be obligatory on my part to produce original papers / documents in ORIGINAL, as and when required or asked for.

Vikas Shankar

SIGNATURE OF THE FACULTY / DOCTOR / OFFICER
NAME: DR. VIKAS SHANKAR
(in full)
Date: 01/12/16
Place:

Sh

COUNTER SIGNATURE OF THE HOD WITH STAMP
NAME: DR. SHILOJI MISHRA
(in full) एम. एम. वी. एच., पटना
Date: 2/12/16
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 RABINDRA KUMAR SINHA
2. Designation : ASSISTANT PROFESSOR
3. Department : SKIN & VD
4. Institution : Nalanda Medical College & Hospital, Patna.
5. Educational Qualification : MBBS, MD - DVD
6. Medical Council Registration : UG – 17566/29.06.1981 ; PG- 17566/08.04.2009
(UG & PG : Number, Year & Registration Council)
7. Date of Joining in this institution : 04.03.08
8. Whether UG or PG Teacher : UG & PG
9. Teaching Experience : 1 YEAR 3 MONTHS
(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.

RK Sinha
02/12/2016
SIGNATURE OF THE FACULTY / DOCTOR / OFFICER
NAME: DR Rabindra Kumar Sinha,
(in full)
Date: 02/12/2016
Place: NMC & H, Patna

Sh
COUNTER SIGNATURE OF THE HOD WITH STAMP
NAME: DR SHEOJIMISHRA
(in full) * गणक वर्म एवं रति रोग विभाग
* न. एम. सी. एच., पटना
Date: 2/12/16
Place: NMC & H, Patna

PROFORMA - A

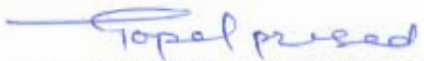
Faculty / Doctor's Information


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

Name of the Faculty / Doctor (in capital letters) : DR GOPAL PRASAD
Designation : SENIOR RESIDENT
Department : SKIN & VD
Institution : Nalanda Medical College & Hospital, Patna.
Educational Qualification : MBBS, MD
Medical Council Registration : UG-24394/29.04.1989 ; PG -24394/08.02.2013
(UG & PG : Number, Year & Registration Council)
Date of Joining in this institution : 10.01.2013
Whether UG or PG Teacher : UG
Teaching Experience :
(Years & completed months)
Number of Promotion/s & Post/s :
(to which Promoted till date)
Trainings undergone :
1. STI/RTI Programme of SACS
2. East Zone Resource Faculty Training on STI/RTI control & prevention Services under NAPC-III
3. Training on RNTCP for MOs.
4. Advance international training programme of Sexual & Reproductive health & Rights for Young people
5. AIDS anti retro Viral Therapy.
6. Managing Hospital waste management Systems.
7. Managerial capacity building
8. HIV/AIDS Study Tour to Thailand
9. Training in telephone counseling
10. Training in trainers course in Leprosy
11. National Child Survival & Safe Motherhood Programme

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 : GOPAL PRASAD
(in full)
Date : 02/12/2016
Place : NMC & H, Patna


COUNTER SIGNATURE OF THE HOD WITH STAMP
NAME : DR SHEOAJI MISHRA
(in full)
Date : 2/12/16
Place : NMC & H, Patna

PROFORMA - A

Faculty / Doctor's Information

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

Name of the Faculty / Doctor (in capital letters) : POOJA NUPUR
Designation : SENIOR RESIDENT
Department : SKIN & VD
Institution : Nalanda Medical College & Hospital, Patna.
Educational Qualification : MBBS, MD
Medical Council Registration : UG-38444/31.07.09; PG- 38444/21.06.15
(UG & PG : Number, Year & Registration Council)
Date of joining in this institution : 08.09.2015
Whether UG or PG Teacher : UG
Teaching Experience :
(Years & completed months)
Number of Promotion/s & Post/s :-
(to which Promoted till date)
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.

Pooja Nupur

Dr. Sheeta Mishra

SIGNATURE OF THE FACULTY / DOCTOR / OFFICER

COUNTER SIGNATURE OF THE HOD WITH STAMP

NAME: POOJA NUPUR

(in full)

Date: 01/12/2016

Place: NMC & H, Patna

NAME: DR. SHEETA MISHRA

(in full)

Date: 2/12/16

Place: NMC & H, Patna

PROFORMA - B1
TEACHING SCHEDULED
(POST GRADUATE)

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

DEPARTMENT / DISCIPLINE :
INSTITUTION : Nalanda Medical College & Hospital, Patna.
MONTH & YEAR : NOVEMBER / 2016

Date	Class Teaching / Mentor / / Teaching Intervention	Skill / Development / Interventions	Topic / Subject	Time	Name of the PG Teacher with Designation who took the class arranged the teaching instructor / chaired or co- chaired or acted as expert or co-expert in the Skill Development Intervention
1/11	Ward teaching & Case presentation	Journal Club	Psoriasis	10-11AM :12:30-1:30PM	Dr. Vikas Shankar
2/11	Ward teaching	Journal Club	TOPICAL CORTICOSTEROID IN DERMATOLOGY	10-11AM :12:30-1:30PM	Dr. Shashi Kant Chaudhary
3/11	Ward teaching	Group Discussion	Anti Histaminics	10-11AM :12:30-1:30PM	Dr. Ramawatar Singh
4/11	Ward teaching, Lecture Class	Seminar	Fungal Infection	10-11AM :8:00-9:00 AM	Dr. Prof) S. Mishra
5/11	Ward teaching	Seminar	LEPROSY DIAGNOSIS & MANAGEMENT	10-11AM :12:30-1:30PM	Dr. R. K. Sinha
7/11	Ward teaching, Lecture Class	Journal Club	Psoriasis	10-11AM :8:00- 9:00 AM	Dr. Shreekant Prasad
8/11	Ward teaching, Case presentation	Journal Club	SLE	10-11AM :12:30-1:30PM	Dr. Vikas Shankar
9/11	Ward teaching	Journal Club	ANATOMICAL SEGMENTATIONS IN ALL FORMS OF VITILIGO	10-11AM :12:30-1:30PM	Dr. R.K. Sinha
10/11	Ward teaching	Group Discussion	Topical Anti fungal Drugs	10-11AM :12:30-1:30PM	Dr. Ramawatar Singh
11	Ward teaching, Lecture Class	Seminar	Fungal Infection	10-11AM :8:00-9:00 AM	Dr. Prof) S. Mishra
12	Ward teaching	Seminar	Skin tuberculosis	10-11AM :12:30-1:30PM	Dr. Ramawatar Singh
14	Ward teaching, Lecture Class	Journal Club	Cancelled	10-11AM :8:00- 9:00 AM	
15	Ward teaching, Case presentation	Journal Club	IDLE	10-11AM :12:30-1:30PM	Dr. Vikas Shankar
16	Ward teaching	Journal Club	Clinical efficacy of Rituximab in the treatment of pemphigus: A retrospective study	10-11AM :12:30-1:30PM	Dr. Shashi Kant Chaudhary
17	Ward teaching	Group Discussion	Zonal Conference At Bodh Gaya		
18	Ward teaching, Lecture Class	Seminar	Zonal Conference At Bodh Gaya		
19	Ward teaching	Seminar	Zonal Conference At Bodh Gaya		
21	Ward teaching, Lecture Class		Cancelled	10-11AM :8:00- 9:00 AM	
22	Ward teaching, Case presentation	Journal Club	PEMPHIGUS VITILIGARIS	10-11AM :12:30-1:30PM	Dr. Vikas Shankar
23	Ward teaching	Journal Club	Role of dental restoration materials in oral mucosal	10-11AM :12:30-1:30PM	Dr. Ramawatar Singh

	Ward teaching	Group Discussion	Ichthyoid lesions	10-11AM :12:30-1:30PM	Dr. R.K.Sinha
	Ward teaching, Lecture Class		Systemic Antifungal drugs	10-11AM :8:00-9:00 AM	Dr. (Prof.) S. Mishra
	Ward teaching	Seminar	Parasite infestation Clinical Examination (M) Leucosy	10-11AM :12:30-1:30PM	Dr. Ranwarwar Singh
	Ward teaching, Lecture Class		Lichen Planus	10-11AM :8:00- 9:00 AM	Dr. Shreekant Prasad
	Ward teaching, Case presentation		Hansen's disease	10-11AM :12:30-1:30PM	Dr. Vikas Shankar
	Ward teaching	Journal Club	Management of Vitreous D and Catheterdu levels in Pts. Of psoriasis with comorbidities	10-11AM :12:30-1:30PM	Dr. Shashi Kant Chaudhary
Ward Teaching	Monday, Wednesday & Friday			10-11 AM	Dr. Shreekant Prasad, Dr. Ranwarwar Singh, Dr. Shashikant Chaudhary.
Ward Teaching	Tuesday, Thursday & Saturday			10-11 AM	Dr. Prof. S. Mishra, Dr. Vikas Shankar, Dr. R.K.Sinha.

- ❖ Total hours of the classes / teaching manouvers / teaching interventions / skill development interventions put together in the aforesaid month of NOVEMBER year 2016 : In digits -44 hrs, In words -Fortyfour Hours.
- ❖ Total number of the classes / teaching manouvers / teaching interventions / skill development interventions put together the aforesaid month of NOVEMBER year 2016 : In digits -44, In words- Forty four.

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Signature of the HOD WITH STAMP
Name in full : DR SHEOPI MISHRA
Date : 2.12.16
Place : NMC & H, Patna.

प्रमाणित की गई है कि नीचे का
नाम एवं डॉ. का., वट.

- ❖ Classes are held only in 9th Semester & Students are appearing for their Final Year Examination.
- ❖ Total hours of the classes / teaching manouvers / teaching interventions / skill development interventions put together in the aforesaid month of : In digit 0. In words Zero
- ❖ Total number of the classes / teaching manouvers / teaching interventions / skill development interventions put together in the aforesaid month of November , 2016 : In digit 0. In words Zero.

Signature of the **प्रधानाचार्य एवं सी.एच.ए.ए. विभागाध्यक्ष**
Name in full : **DR. SH. GOYI, M. I. S. R. N.**
Date : **2/12/16**
Place : **N.M.C. & H. Patna.**

PROFORMA – C1
Teaching Schedule Actualization Report

Post Graduate

[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 'Classes*', as and where used hereunder, implies Classes, Teaching Manouvers, Teaching Interventions and Skill Development Interventions put together.

Total number of the Classes*, that was scheduled to be actualized in the aforesaid month of...NOVEMBER 2016

(name of the month with year) : In digits : 52
In words : Fifty two

Total hours of the Classes* that were to be actualized in the aforesaid month of ... NOVEMBER 2016.....

(name of the month with year) : In digits :52 hrs
In words :Fifty two

Total number of the Classes* that were actualized in the aforesaid month of ... NOVEMBER 2016.....

(name of the month with year) : In digits :44
In words : Forty four

Total hours of the Classes* that were actualized in the aforesaid month of NOVEMBER 2016.....

(name of the month with year) : In digits : 44 hrs
In words :

Percentage of the Classes* actualized with respect to the schedule in the aforesaid month of ... NOVEMBER 2016.....

(name of the month with year) : In digits :84.62
In words :

The deficit in percentage of the Classes* with respect to the schedule in the aforesaid month of ... NOVEMBER 2016.....

(name of the month with year) : In digits : 15.38
In words :

Reason/s for the aforesaid deficit : :

- 1.All PGTs were permitted to attend DERMACON 2016 from 17. 11.2016 to 20.11.2016.
2. Dr Shreekant Prasad was on leave for 2 days.

(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)

S.H.
2-12-16

Signature of the HOD WITH STAMP
विभागाध्यक्ष चर्म एवं त्वचा रोग विभाग,
एन. एच. सी. एच., पटना।

Name in full: DR SH E O J MISHRA
Date: 2-12-16
Place: NMC & H, Patna.

PROFORMA - C2
Teaching Schedule Actualization Report
Under Graduate

[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 :
Classes are held only in 9th semester & students are appearing for their final year examinations.

(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)

Jh
2.12.16
DASHRHOJIMISHRA

Signature of the HOD WITH STAMP
Name in full :
Date : एन० एच० सी० एच०, पटना
Place : NMC & H, Patna.

PROFORMA – D
Census of Clinical Material
[To be submitted in clear and legible Computer print only]

Department / Discipline : SKIN & V.D.

Institution : Nalanda Medical College & Hospital, Patna

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

NOVEMBER 2016

CENSUS PROPER :

Number of Patients Admitted :	16
Number of Discharges :	8
Number of LAMA (Left Against Medical Advice) :	5
Number of Deaths :	NIL
Number of Surgeries / Operations :	58
Major ones – NIL	
Minor ones – 59	

Names and Number of Procedures :

Dermatosurgical procedures :46
Electrosurgical procedures: 8
Cryosurgical procedures : 0
Chemical Peeling : 2
Laser Procedures: 2
PRP : 1
PUVA Therapy(twice weekly): 303

Names and Number of Investigations carried out in the department :

Punch Biopsy : 17
KOH Mount : 15
Slit skin Smear: 2


Number of OPD Patients : 6827

Others ; if any :



Signature of the HOD WITH STAMP
नलन्दा मेडिकल कलेज अन्ड हस्पिटल
एल. एच. सी. कम्प्लेक्स, पटना

Date : 21/12/16



Name in full : DR STIEDJI MISHRA

Place : NMC & H, Patna.

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6-12-16

6/12/16

MONTHLY ATTENDANCE SHEET
DEPARTMENT OF SKIN & VD
Nalanda Medical College & Hospital, Patna

MONTH: November

YEAR: 2016-17

FROM: 1.11.16

TO: 30.11.16

NAME	DESIGNATION	NO. OF DAYS PRESENT	NO. OF DAYS ABSENT	NO. OF DAY ON LEAVE (SPECIFY TYPE OF LEAVE)	REMARKS
Dr. Sheaji Mishra	Professor	All days	Nil	CL-1	—
Dr. Shreekanth Prasad	Associate Professor	All days	Nil	CL-7 CPL-1	—
Dr. Ramaswar Singh	Assistant Professor	All days	Nil	CL-1	—
Dr. Vikas Shukla	Assistant Professor	All days	Nil	Nil	—
Dr. Shashikanth Prasad Chaudhary	Assistant Professor	All days	Nil	CL-7	—
Dr. R. K. Sinha	Assistant Professor	All days	Nil	CL-1	—
Dr. M. K. Sinha	Senior Resident	All days	Nil	Nil	—
Dr. Gopal Prasad	Senior Resident	All days	Nil	CL-3	—
Dr. Pooja Nupur	Senior Resident	All days	Nil	CL-1	—

पत्रांक 554

दिनांक 5.12.16

प्रतिलिपि :- प्राचार्य एन०एम० वी० पटना
को सूचनार्थ एवं आवश्यक कार्यवाही हेतु

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5.12.16

9840
6/12/16

विभागाध्यक्ष चर्म एवं रति रोग विभाग
एन० एम० वी० एच०, पटना