Month & Year of Submission of Details: _____

Sr. No.	Faculty Name	AEBAS Attend. ID	Medical Registration No	Professional Qualification(s)	Department	Designation	Nature of Employment (Permanent/C ontractual)
1	Dr Shabana Mohd Khizar Borate	51686985	83703	MS ANATOMY	ANATOMY	PROFESSOR	PERMANENT
2							
3							
4							
5							

Total Teaching Exp. (in years)

21 YRS 8 MTHS