## 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)
				MBBS MS		Assistant	
1	Dr Harsha	48562171	2018/07/3816	Ophthalmology	Ophthalmology	professor	Contractual

Total Teaching Exp. (in years)

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