

Month & Year of Submission of Details: _____

Sr. No.	Faculty Name	AEBAS Attend. ID	Medical Registration No	Professional Qualification(s)	Department
1	Dr. Rupal Girase	59902243	2012/10/3091	MBBS , MD Community Medicine	Community Medicine
2					
3					
4					

Designation	Nature of Employment (Permanent/Contractual)	Total Teaching Exp. (in years)
Assistant Professor	Permanent	6.5