

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/Contractual)
1	Dr Amit M	85525344	2003/07/2730	MBBS, MD (Pharm	Pharmacology	Associate Prof	Permanent

<b>Total Teaching Exp. (in years)</b>
16