

Month & Year of Submission of Details: _____

Sr. No.	Faculty Name	AEBAS Attend. ID	Medical Registration No	Professional Qualification(s)	Department	Designation
1	Dr Prajakta Jadhav	53718043	2020/05/3491	MD ANAESTHESIA	ANAESTHESIA	ASSISTANT PROFESSOR
2						
3						
4						
5						

Nature of Employment (Permanent/Con tractual)	Total Teaching Exp. (in years)
CONTRACTUAL	2 YRS