

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							
2							
3	Dr. Shampa	63784160	MMC2019085772	MBBS, MS ENT, DNB ENT	ENT	Assistant Professor ENT	Permanent
4							
5							

Total Teaching Exp. (in years)
5.5 years