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 Harsha	48562171	2018/07/3816	MBBS MS Ophthalmology	Ophthalmology	Assistant professor	Contractual

Total Teaching Exp. (in years)
2