

Month & Year of Submission of Details: \_\_\_\_\_

Sr. No.	Faculty Name	AEBAS Attend. ID	Medical Registration No	Professional Qualification(s)	Department	Designation
1	Dr Nithin Mokal		53812	MBBS, MS , Mch Plastic Surgery	Plastic surgery	PROFESSOR (RCB)
3						
4						
5						

Nature of Employment (Permanent/Contractual)	Total Teaching Exp. (in years)
Contractual	37