	TEACH	ING FACULTY DETAILS	
1	NAME	DR. AJIT PRASAD MAHTO	The state of the state of
	FATHERS NAME	LT. PARIKCHIT MAHTO	
	Date of Birth	01.11.1960	
	QUALIFICATION	M.D(HOM)	
	DESIGNATION	PROFESSOR /PRINCIPAL IN-CHARGE	
	SUBJECT SPECIALITY /	PHYSIOLOGY & BIOCHEMISTRY	金田 人名 日本
	DEPARTMENT		
	TOTAL TEACHING EXPERIENCE	22 YEARS	<b>计数制打工计刊</b>
	REGISTRATION	COUNCIL OF HOMOEOPATHIC MEDICINE, §	WEST BENGAL
	REGISTRATION NO.	12449	
	DATE OF JOINING IN THIS	01.09.2018	
	INSTITUTE	01.03.2010	
	EMAIL	ajitprasadmahato04@gmail.com	
	NAME	DR. SUNIL KUMAR MISHRA	
	FATHERS NAME	LT SRI K N MISHRA	
	Date of Birth	04.08.1969	
	QUALIFICATION	M.D(HOM)	
	DESIGNATION	PROFESSOR	
	SUBJECT SPECIALITY /	ORGANON OF MEDICINE AND	
2	DEPARTMENT	HOMOEOPATHIC PHILOSOPHY	
	TOTAL TEACHING EXPERIENCE	15 YEARS	
	REGISTRATION	CENTRAL COUNCIL OF HOMOEOPATHY	
	REGISTRATION NO.	2076	
	DATE OF JOINING IN THIS INSTITUTE	12.11.2019	
	EMAIL	drsunilmishra04@gmail.com	
	NAME	DR. KALICHARAN CHOWDHURY	
	FATHERS NAME	LT. JAGDANAND CHOWDHURY	
	Date of Birth	11.07.1965	1000
3	QUALIFICATION	M.D(HOM)	No.
	DESIGNATION	PROFESSOR	
	SUBJECT SPECIALITY /	ORGANON OF MEDICINE AND	
	DEPARTMENT	HOMOEOPATHIC PHILOSOPHY	related to the second
	TOTAL TEACHING EXPERIENCE	12.5 YRS	
	REGISTRATION	CENTRAL COUNCIL OF HOMOEOPATHY	
	REGISTRATION NO.	2461	
	DATE OF JOINING IN THIS INSTITUTE	02.01.2015	
	EMAIL	chowdhury.k112@gmail.com	

	NAME	DR. SUKHAMAY GANGOPADHYAY
	FATHERS NAME	LT. SUBODH GANGOPADHYAY
	Date of Birth	14.01.1960
	QUALIFICATION	M.D(HOM)
	DESIGNATION	PROFESSOR
	SUBJECT SPECIALITY /	I NOI ESSON
4	DEPARTMENT	HOMOEOPATHIC MATERIA MEDICA
-	TOTAL TEACHING EXPERIENCE	10 YEARS
	REGISTRATION	COUNCIL OF HOMOEOPATHIC MEDICINE, EVEST BENGAL
	REGISTRATION NO.	13294
	DATE OF JOINING IN THIS	
	INSTITUTE	11.10.2019
	E-MAIL	sukhamay1234@gmail.com
	NAME	DR. MRINAL KANTI BARMAN
	FATHERS NAME	LT. MADHAV CHANDRA BARMAN
	Date of Birth	10.11.1960
	QUALIFICATION	M.D(HOM)
	DESIGNATION	READER/ASSOCIATE PROFESSOR
	SUBJECT SPECIALITY /	
5	DEPARTMENT	HOMOEOPATHIC MATERIA MEDICA
	TOTAL TEACHING EXPERIENCE	5 YEARS
	REGISTRATION	COUNCIL OF HOMOEOPATHIC MEDICINE, WEST BENGAL
	REGISTRATION NO.	15936
	DATE OF JOINING IN THIS	44 40 2040
	INSTITUTE	11.10.2019
	E-MAIL	mrinalkantibarman985@gmail.com
	NAME	DR. PRITI KUMARI
	FATHERS NAME	DEVENDAR KUMAR
	Date of Birth	07.06.1983
	QUALIFICATION	M.D(HOM)
	DESIGNATION	READER/ASSOCIATE PROFESSOR
	DESIGNATION SUBJECT SPECIALITY /	
6		READER/ASSOCIATE PROFESSOR  ORGANON OF MEDICINE
6	SUBJECT SPECIALITY /	
6	SUBJECT SPECIALITY / DEPARTMENT	ORGANON OF MEDICINE
6	SUBJECT SPECIALITY / DEPARTMENT TOTAL TEACHING EXPERIENCE	ORGANON OF MEDICINE  5 YEARS
6	SUBJECT SPECIALITY / DEPARTMENT TOTAL TEACHING EXPERIENCE REGISTRATION REGISTRATION NO. DATE OF JOINING IN THIS	ORGANON OF MEDICINE  5 YEARS  BOARD OF HOMOEOPATHIC MEDICINE, BIHAR 29491
6	SUBJECT SPECIALITY / DEPARTMENT TOTAL TEACHING EXPERIENCE REGISTRATION REGISTRATION NO. DATE OF JOINING IN THIS INSTITUTE	ORGANON OF MEDICINE  5 YEARS  BOARD OF HOMOEOPATHIC MEDICINE, BIHAR 29491  14.10.2019
6	SUBJECT SPECIALITY / DEPARTMENT TOTAL TEACHING EXPERIENCE REGISTRATION REGISTRATION NO. DATE OF JOINING IN THIS INSTITUTE E-MAIL	ORGANON OF MEDICINE  5 YEARS  BOARD OF HOMOEOPATHIC MEDICINE, BIHAR 29491  14.10.2019  becoolonly@gmail.com
6	SUBJECT SPECIALITY / DEPARTMENT TOTAL TEACHING EXPERIENCE REGISTRATION REGISTRATION NO. DATE OF JOINING IN THIS INSTITUTE E-MAIL NAME	ORGANON OF MEDICINE  5 YEARS  BOARD OF HOMOEOPATHIC MEDICINE, BIHAR 29491  14.10.2019  becoolonly@gmail.com  DR. SASANKA DEBNATH
6	SUBJECT SPECIALITY / DEPARTMENT TOTAL TEACHING EXPERIENCE REGISTRATION REGISTRATION NO. DATE OF JOINING IN THIS INSTITUTE E-MAIL NAME FATHERS NAME	ORGANON OF MEDICINE  5 YEARS  BOARD OF HOMOEOPATHIC MEDICINE, BIHAR 29491  14.10.2019  becoolonly@gmail.com  DR. SASANKA DEBNATH  LT. JYOTI CHANDR DEBNATH
6	SUBJECT SPECIALITY / DEPARTMENT TOTAL TEACHING EXPERIENCE REGISTRATION REGISTRATION NO. DATE OF JOINING IN THIS INSTITUTE E-MAIL NAME FATHERS NAME Date of Birth	ORGANON OF MEDICINE  5 YEARS  BOARD OF HOMOEOPATHIC MEDICINE, BIHAR  29491  14.10.2019  becoolonly@gmail.com  DR. SASANKA DEBNATH  LT. JYOTI CHANDR DEBNATH  03.10.1967
6	SUBJECT SPECIALITY / DEPARTMENT TOTAL TEACHING EXPERIENCE REGISTRATION REGISTRATION NO. DATE OF JOINING IN THIS INSTITUTE E-MAIL NAME FATHERS NAME Date of Birth QUALIFICATION	ORGANON OF MEDICINE  5 YEARS  BOARD OF HOMOEOPATHIC MEDICINE, BIHAR 29491  14.10.2019  becoolonly@gmail.com  DR. SASANKA DEBNATH  LT. JYOTI CHANDR DEBNATH  03.10.1967  M.D(HOM)
6	SUBJECT SPECIALITY / DEPARTMENT TOTAL TEACHING EXPERIENCE REGISTRATION REGISTRATION NO. DATE OF JOINING IN THIS INSTITUTE E-MAIL NAME FATHERS NAME Date of Birth QUALIFICATION DESIGNATION	ORGANON OF MEDICINE  5 YEARS  BOARD OF HOMOEOPATHIC MEDICINE, BIHAR  29491  14.10.2019  becoolonly@gmail.com  DR. SASANKA DEBNATH  LT. JYOTI CHANDR DEBNATH  03.10.1967
	SUBJECT SPECIALITY / DEPARTMENT TOTAL TEACHING EXPERIENCE REGISTRATION REGISTRATION NO. DATE OF JOINING IN THIS INSTITUTE E-MAIL NAME FATHERS NAME Date of Birth QUALIFICATION DESIGNATION SUBJECT SPECIALITY /	ORGANON OF MEDICINE  5 YEARS  BOARD OF HOMOEOPATHIC MEDICINE, BIHAR 29491  14.10.2019  becoolonly@gmail.com  DR. SASANKA DEBNATH  LT. JYOTI CHANDR DEBNATH  03.10.1967  M.D(HOM)
7	SUBJECT SPECIALITY / DEPARTMENT TOTAL TEACHING EXPERIENCE REGISTRATION REGISTRATION NO. DATE OF JOINING IN THIS INSTITUTE E-MAIL NAME FATHERS NAME Date of Birth QUALIFICATION DESIGNATION SUBJECT SPECIALITY / DEPARTMENT	ORGANON OF MEDICINE  5 YEARS  BOARD OF HOMOEOPATHIC MEDICINE, BIHAR 29491  14.10.2019  becoolonly@gmail.com  DR. SASANKA DEBNATH  LT. JYOTI CHANDR DEBNATH  03.10.1967  M.D(HOM)  READER/ASSOCIATE PROFESSOR  PRACTICE OF MEDICINE
	SUBJECT SPECIALITY / DEPARTMENT TOTAL TEACHING EXPERIENCE REGISTRATION REGISTRATION NO. DATE OF JOINING IN THIS INSTITUTE E-MAIL NAME FATHERS NAME Date of Birth QUALIFICATION DESIGNATION SUBJECT SPECIALITY / DEPARTMENT TOTAL TEACHING EXPERIENCE	ORGANON OF MEDICINE  5 YEARS  BOARD OF HOMOEOPATHIC MEDICINE, BIHAR 29491  14.10.2019  becoolonly@gmail.com  DR. SASANKA DEBNATH  LT. JYOTI CHANDR DEBNATH  03.10.1967  M.D(HOM)  READER/ASSOCIATE PROFESSOR  PRACTICE OF MEDICINE  5 YEARS
	SUBJECT SPECIALITY / DEPARTMENT TOTAL TEACHING EXPERIENCE REGISTRATION REGISTRATION NO. DATE OF JOINING IN THIS INSTITUTE E-MAIL NAME FATHERS NAME Date of Birth QUALIFICATION DESIGNATION SUBJECT SPECIALITY / DEPARTMENT TOTAL TEACHING EXPERIENCE REGISTRATION	ORGANON OF MEDICINE  5 YEARS  BOARD OF HOMOEOPATHIC MEDICINE, BIHAR  29491  14.10.2019  becoolonly@gmail.com  DR. SASANKA DEBNATH  LT. JYOTI CHANDR DEBNATH  03.10.1967  M.D(HOM)  READER/ASSOCIATE PROFESSOR  PRACTICE OF MEDICINE  5 YEARS  COUNCIL OF HOMOEOPATHIC MEDICINE, WEST BENGAL
	SUBJECT SPECIALITY / DEPARTMENT TOTAL TEACHING EXPERIENCE REGISTRATION REGISTRATION NO. DATE OF JOINING IN THIS INSTITUTE E-MAIL NAME FATHERS NAME Date of Birth QUALIFICATION DESIGNATION SUBJECT SPECIALITY / DEPARTMENT TOTAL TEACHING EXPERIENCE REGISTRATION REGISTRATION NO.	ORGANON OF MEDICINE  5 YEARS  BOARD OF HOMOEOPATHIC MEDICINE, BIHAR 29491  14.10.2019  becoolonly@gmail.com  DR. SASANKA DEBNATH  LT. JYOTI CHANDR DEBNATH  03.10.1967  M.D(HOM)  READER/ASSOCIATE PROFESSOR  PRACTICE OF MEDICINE  5 YEARS
	SUBJECT SPECIALITY / DEPARTMENT TOTAL TEACHING EXPERIENCE REGISTRATION REGISTRATION NO. DATE OF JOINING IN THIS INSTITUTE E-MAIL NAME FATHERS NAME Date of Birth QUALIFICATION DESIGNATION SUBJECT SPECIALITY / DEPARTMENT TOTAL TEACHING EXPERIENCE REGISTRATION REGISTRATION NO. DATE OF JOINING IN THIS	ORGANON OF MEDICINE  5 YEARS  BOARD OF HOMOEOPATHIC MEDICINE, BIHAR  29491  14.10.2019  becoolonly@gmail.com  DR. SASANKA DEBNATH  LT. JYOTI CHANDR DEBNATH  03.10.1967  M.D(HOM)  READER/ASSOCIATE PROFESSOR  PRACTICE OF MEDICINE  5 YEARS  COUNCIL OF HOMOEOPATHIC MEDICINE, WEST BENGAL
	SUBJECT SPECIALITY / DEPARTMENT TOTAL TEACHING EXPERIENCE REGISTRATION REGISTRATION NO. DATE OF JOINING IN THIS INSTITUTE E-MAIL NAME FATHERS NAME Date of Birth QUALIFICATION DESIGNATION SUBJECT SPECIALITY / DEPARTMENT TOTAL TEACHING EXPERIENCE REGISTRATION REGISTRATION NO.	ORGANON OF MEDICINE  5 YEARS  BOARD OF HOMOEOPATHIC MEDICINE, BIHAR 29491  14.10.2019  becoolonly@gmail.com  DR. SASANKA DEBNATH  LT. JYOTI CHANDR DEBNATH  03.10.1967  M.D(HOM)  READER/ASSOCIATE PROFESSOR  PRACTICE OF MEDICINE  5 YEARS  COUNCIL OF HOMOEOPATHIC MEDICINE, WEST BENGAL 20360

	NAME	DR. SUDIP BISWAS
	FATHERS NAME	SUBIMAL BISWAS
	Date of Birth	13.01.1972
	QUALIFICATION	M.D(HOM)
	DESIGNATION	
		READER/ASSOCIATE PROFESSOR
	SUBJECT SPECIALITY /	COMMUNITY MEDICINE
8	DEPARTMENT	UIII
	TOTAL TEACHING EXPERIENCE	6 YEARS
	REGISTRATION	BOARD OF HOMOEOPATHIC MEDICINE, BIHAR
	REGISTRATION NO.	28894
	DATE OF JOINING IN THIS	11.10.2019
	INSTITUTE	11.10.2019
	E-MAIL	dr.sudip.biswas72@gmail.com
	NAME	DR. SANGITA RANI DINDA
	FATHERS NAME	SAHADEV CHAND DINDA
	Date of Birth	06.06.1985
	QUALIFICATION	M.D(HOM)
	DESIGNATION	READER/ASSOCIATE PROFESSOR
	SUBJECT SPECIALITY /	S. Comments of the Comments of
9	DEPARTMENT	HOMOEOPATHIC → HARMACY
3		A F VEADS
	TOTAL TEACHING EXPERIENCE	4.5 YEARS
	REGISTRATION	COUNCIL OF HOMOEOPATHIC MEDICINE, WEST BENGAL
	REGISTRATION NO.	28012
	DATE OF JOINING IN THIS	14.12.2015
	INSTITUTE	
	E-MAIL	sangitardinda@gmail.com
	NAME	DR. DEEP SIKHA SINHA
	FATHERS NAME	KAUSHAL KISHOR PR SINHA
	Date of Birth	01.12.1985
	QUALIFICATION	M.D(HOM)
	DESIGNATION	READER/ASSOCIATE PROFESSOR
	SUBJECT SPECIALITY /	ANATOMY
10	DEPARTMENT	ANATOMI
	TOTAL TEACHING EXPERIENCE	5 YEARS
	REGISTRATION	CENTRAL COUNCIL OF HOMOEOPATHY
	REGISTRATION NO.	3412
	DATE OF JOINING IN THIS	22.42.2044
	INSTITUTE	22.12.2014
	E-MAIL	dr.deepsikha.sinha@gmail.com
	NAME	DR. GAGANI BHAVESH KR. DAMJEE
	FATHERS NAME	DAMJEE KUMAR GAGANI
	Date of Birth	26.09.1983
	QUALIFICATION	M.D(HOM)
	DESIGNATION	READER/ASSOCIATE PROFESSOR
	SUBJECT SPECIALITY /	
11	DEPARTMENT	ANATOMY
	TOTAL TEACHING EXPERIENCE	5 YEARS
	REGISTRATION	JHARKHAND STATE AYUSH MEDICAL COUNCIL
	REGISTRATION NO.	227/15
	DATE OF JOINING IN THIS	
	INSTITUTE	27.12.2014
	E-MAIL	damjee@gmail.com
	NAME	DR. RANJAN MUKHERJEE
	FATHERS NAME	RABINDRA NATH MUKHERJEE
	Date of Birth	31.12.1973
	QUALIFICATION	M.D(HOM)
	QUALITICATION	inib(iii)

1	DESIGNATION	READER/ASSOCIATE PROFESSOR
	SUBJECT SPECIALITY /	DATUGUES V
12	DEPARTMENT	PATHOLOGY
	TOTAL TEACHING EXPERIENCE	.8.5 YEARS
	REGISTRATION	CENTRAL COUNCIL OF HOMOEOPATHY
	REGISTRATION NO.	2534
	DATE OF JOINING IN THIS	
	INSTITUTE	02.11.2018
	E-MAIL	dr.rmukherjee@gmail.com
	NAME	DR. RAJENDRA PRASAD SEN
	FATHERS NAME	KRISHNA DAS SEN
	Date of Birth	14.10.1966
	QUALIFICATION	M.D(HOM)
	DESIGNATION	READER/ASSOCIATE PROFESSOR
	SUBJECT SPECIALITY /	NEXT ETY ESSENTIE THE ESSENT
13	DEPARTMENT	OBSTETRICS & BYNAECOLOGY
	TOTAL TEACHING EXPERIENCE	6 YEARS
	REGISTRATION	COUNCIL OF HOMOEOPATHIC MEDICINE, SWEST BENGAL
	REGISTRATION NO.	17944
	DATE OF JOINING IN THIS	
	INSTITUTE	01.11.2018
	E-MAIL	drpsen@gmail.com
	NAME	DR. BHRIGU PRASAD DEY
	FATHERS NAME	LT. DR. RATNESHWAR DEY
	Date of Birth	07.02.1958
	QUALIFICATION	M.D(HOM)
	DESIGNATION	READER/ASSOCIATE PROFESSOR
	SUBJECT SPECIALITY /	READERY M33OCIATE PROFESSOR
14	DEPARTMENT	SURGERY
14	TOTAL TEACHING EXPERIENCE	C VEADS
		6 YEARS
	REGISTRATION NO	COUNCIL OF HOMOEOPATHIC MEDICINE, WEST BENGAL
	REGISTRATION NO.  DATE OF JOINING IN THIS	11459
		02.11.2018
	INSTITUTE	dub a day 1000 @ grassil as as
	E-MAIL	drbpdey1958@gmail.com
	NAME	DR. SAYAN DUTTA RAY
	FATHERS NAME	RABINDRA NATH DUTTA RAY
	Date of Birth	14.11.1967
	QUALIFICATION	M.D(HOM)
	DESIGNATION SUBJECT SPECIALITY /	READER/ASSOCIATE PROFESSOR
15	SUBJECT SPECIALITY / DEPARTMENT	FORENSIC MEDICINE & TOXICOLOGY
13	TOTAL TEACHING EXPERIENCE	6 YEARS
	REGISTRATION NO.	COUNCIL OF HOMOEOPATHIC MEDICINE, WEST BENGAL  19025
		13023
	DATE OF JOINING IN THIS	02.11.2018
	E-MAIL	duttaraysayan@gmail.com
	NAME	DR. SUMAN SAMANTA
	FATHERS NAME	ASIT SAMANTA
	Date of Birth	01.05.1988
	QUALIFICATION	M.D(HOM)
	DESIGNATION	LECTURER/@SSISTANT PROFESSOR
	SUBJECT SPECIALITY /	LLCT ONLINESSISTAINT FINOTESSON
16	DEPARTMENT	HOMOEOPATHIC®MATERIA MEDICA
l	TOTAL TEACHING EXPERIENCE	1 YEARS

	REGISTRATION	COUNCIL OF HOMOEOPATHIC MEDICINE, WEST BENGAL
	REGISTRATION NO.	30436
	DATE OF JOINING IN THIS	
	INSTITUTE	11.10.2019
	E-MAIL	drsumansamanta@gmail.com
	NAME	DR. SHYAMAL PODDER
	FATHERS NAME	KANAI LAL PODDER
	Date of Birth	13.10.1960
	QUALIFICATION	M.D(HOM)
	DESIGNATION	LECTURER/ASSISTANT PROFESSOR
	SUBJECT SPECIALITY /	COMMUNITY MEDICINE
17	DEPARTMENT	COMMONITY MEDICINE
	TOTAL TEACHING EXPERIENCE	1 YEARS
	REGISTRATION	COUNCIL OF HOMOEOPATHIC MEDICINE, SWEST BENGAL
	REGISTRATION NO.	15231
	DATE OF JOINING IN THIS	01.03.2019
	INSTITUTE	
	E-MAIL	drshyamal2012@gmail.com
	NAME	DR. INDRAJIT BISWAS
	FATHERS NAME	SUBIR BISWAS
	Date of Birth	03.11.1976
	QUALIFICATION	M.D(HOM)
	DESIGNATION	LECTURER/ASSISTANT PROFESSOR
	SUBJECT SPECIALITY /	PHYSIOLOGY & BIOCHEMISTRY
18	DEPARTMENT	
	TOTAL TEACHING EXPERIENCE	1 YEARS
	REGISTRATION	COUNCIL OF HOMOEOPATHIC MEDICINE, EVEST BENGAL
	REGISTRATION NO.	25895
	DATE OF JOINING IN THIS	11.10.2019
	INSTITUTE	
	E-MAIL	indrajibisws@gmail.com
	NAME	DR. SUKANTA GHOSH
	FATHERS NAME	SUSHANTA GHOSH
	Date of Birth	23.04.1979
	QUALIFICATION	M.D(HOM)
	DESIGNATION	LECTURER/ASSISTANT PROFESSOR
19	SUBJECT SPECIALITY /	FORENSIC MEDICINE® TOXICOLOGY
	DEPARTMENT	
	TOTAL TEACHING EXPERIENCE	2.5 YEARS
	REGISTRATION	CENTRAL COUNCIL OF HOMOEOPATHY
	REGISTRATION NO.	2160
	DATE OF JOINING IN THIS	02.01.2018
	INSTITUTE	dr ranges @gmail.com
	E-MAIL	dr.repose@gmail.com

	NAME	DR. ANNU PANDEY
20	FATHERS NAME	YOGENDRAPAL PANDEY
	Date of Birth	14.09.1988
	QUALIFICATION	MD(HOM)
		LECTURER/
	DESIGNATION	ASSISTANT PROFESSOR
	SUBJECT SPECIALITY /	REPERTORY
	DEPARTMENT	
	TOTAL TEACHING EXPERIENCE	FRESHER
	REGISTRATION	MAHARASHTRA COUNCIL OF HOMOEOPATHY
	REGISTRATION NO.	866
	DATE OF JOINING IN THIS	01.01.2021
	INSTITUTE	01.01.2021
	E-MAIL	pandey-annu@ymail.com
	NAME	DR. BHASKAR KUMAR
	FATHERS NAME	RAJESHWAR PRASAD YADAV
	Date of Birth	15.07.1982
	QUALIFICATION	MD(HOM)
	·	LECTURER/
	DESIGNATION	ASSISTANT PROFESSOR
	SUBJECT SPECIALITY /	
21	DEPARTMENT	HOMOEOPATHIC MATERIA MEDICA
	TOTAL TEACHING EXPERIENCE	FRESHER
	REGISTRATION	JHARKHAND STATE AYUSH MEDICAL COUNCIL
	REGISTRATION NO.	229/15
	DATE OF JOINING IN THIS	223/13
	INSTITUTE	01.01.2021
	E-MAIL	bhaskarone@ymail.com
	NAME	DR. SOUVIK JANA
	FATHERS NAME	PANKAJ JANA
	Date of Birth	10.01.1988
	QUALIFICATION	MD(HOM)
	QUALIFICATION	LECTURER/
	DESIGNATION	ASSISTANT PROFESSOR
	SUBJECT SPECIALITY /	ASSISTANT PROFESSOR
22	DEPARTMENT	PATHOLOGY
	TOTAL TEACHING EXPERIENCE	FRESHER
	REGISTRATION	COUNCIL OF HOMOEOPATHIC MEDICINE, WEST BENGAL
		·
	REGISTRATION NO.  DATE OF JOINING IN THIS	30253
	INSTITUTE	11.02.2021
	E-MAIL	drsouvikjana@gmail.com
	NAME	DR. ALOK NATH SHAW
	FATHERS NAME	
	Date of Birth	PREMNATH SHAW 18.01.1988
	QUALIFICATION	MD(HOM)  LECTURER/
	DESIGNATION	
	DESIGNATION SUBJECT SPECIALITY /	ASSISTANT PROFESSOR
23	SUBJECT SPECIALITY /	SURGERY
	DEPARTMENT	EDECHED
	TOTAL TEACHING EXPERIENCE	FRESHER  COUNCIL OF HOMOFORATHIC MEDICINE, WEST BENGAL
	REGISTRATION NO	COUNCIL OF HOMOEOPATHIC MEDICINE, WEST BENGAL
	REGISTRATION NO.	30204
	DATE OF JOINING IN THIS	11.02.2021
	INSTITUTE	alaknath shaw@gmail.as
	E-MAIL	aloknath.shaw@gmail.com

24	NAME	DR. SUSHANT KUMAR
	FATHERS NAME	RAMJEE PRASAD
	Date of Birth	03.04.1992
	QUALIFICATION	MD(HOM)
		LECTURER/
	DESIGNATION	ASSISTANT PROFESSOR
	SUBJECT SPECIALITY /	
	DEPARTMENT	FORENSIC MEDICINE & TOXICOLOGY
	TOTAL TEACHING EXPERIENCE	FRESHER
	REGISTRATION	BOARD OF HOMOEOPATHIC MEDICINE, BIHAR
	REGISTRATION NO.	32093
	DATE OF JOINING IN THIS	22 22 22 22
	INSTITUTE	23.03.2021
	E-MAIL	kumarsushant8877@gmail.com
	NAME	DR. RAHUL KUMAR
	FATHERS NAME	KANHAIYA LAL
	Date of Birth	03.11.1992
	QUALIFICATION	MD(HOM)
		LECTURER/
	DESIGNATION	ASSISTANT PROFESSOR
25	SUBJECT SPECIALITY /	HOMOEOPATHIC PHARMACY
25	DEPARTMENT	HOMOEOPATHIC PHARIVIACY
	TOTAL TEACHING EXPERIENCE	FRESHER
	REGISTRATION	HOMOEOPATHIC MEDICINE BOARD, UTTAR PRADESH
	REGISTRATION NO.	H036671
	DATE OF JOINING IN THIS	23.03.2021
	INSTITUTE	23.03.2021
	E-MAIL	dr.rahul8603@gmail.com
	NAME	DR. SHRIKANT VERMA
	FATHERS NAME	RAJ BALI VERMA
	Date of Birth	30.06.1985
	QUALIFICATION	MD(HOM)
		LECTURER/
	DESIGNATION	ASSISTANT PROFESSOR
26	SUBJECT SPECIALITY /	OBSTETRICS &
	DEPARTMENT	GYNAECOLOGY
	TOTAL TEACHING EXPERIENCE	FRESHER
	REGISTRATION	HOMOEOPATHIC MEDICINE BOARD, UTTAR PRADESH
	REGISTRATION NO.	H035351
	DATE OF JOINING IN THIS	24.03.2021
	INSTITUTE	
	E-MAIL	vermashrikant707@gmail.com