






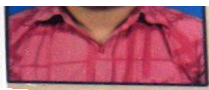





## TEACHING FACULTY DETAILS





1	NAME	DR. AJIT PRASAD MAHTO	
	FATHERS NAME	LT. PARIKCHIT MAHTO	
	Date of Birth	01.11.1960	
	QUALIFICATION	M.D(HOM)	
	DESIGNATION	PROFESSOR /PRINCIPAL IN-CHARGE	
	SUBJECT SPECIALITY / DEPARTMENT	PHYSIOLOGY & BIOCHEMISTRY	
	TOTAL TEACHING EXPERIENCE	22 YEARS	
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	SUBJECT SPECIALITY / DEPARTMENT	ORGANON OF MEDICINE AND HOMOEOPATHIC PHILOSOPHY	
	TOTAL TEACHING EXPERIENCE	15 YEARS	
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	FATHERS NAME	LT. JAGDANAND CHOWDHURY	
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	SUBJECT SPECIALITY / DEPARTMENT	ORGANON OF MEDICINE AND HOMOEOPATHIC PHILOSOPHY	
	TOTAL TEACHING EXPERIENCE	12.5 YRS	
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	DESIGNATION	PROFESSOR	
	SUBJECT SPECIALITY / DEPARTMENT	HOMOEOPATHIC MATERIA MEDICA	
	TOTAL TEACHING EXPERIENCE	10 YEARS	
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	DESIGNATION	READER/ASSOCIATE PROFESSOR	
	SUBJECT SPECIALITY / DEPARTMENT	HOMOEOPATHIC MATERIA MEDICA	
	TOTAL TEACHING EXPERIENCE	5 YEARS	
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	SUBJECT SPECIALITY / DEPARTMENT	ORGANON OF MEDICINE	
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	DESIGNATION	READER/ASSOCIATE PROFESSOR	
	SUBJECT SPECIALITY / DEPARTMENT	PRACTICE OF MEDICINE	
	TOTAL TEACHING EXPERIENCE	5 YEARS	
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	DESIGNATION	READER/ASSOCIATE PROFESSOR	
	SUBJECT SPECIALITY / DEPARTMENT	COMMUNITY MEDICINE	
	TOTAL TEACHING EXPERIENCE	6 YEARS	
	REGISTRATION	BOARD OF HOMOEOPATHIC MEDICINE, BIHAR	
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	DATE OF JOINING IN THIS INSTITUTE	11.10.2019	
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	FATHERS NAME	SAHADEV CHAND DINDA	
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	DESIGNATION	READER/ASSOCIATE PROFESSOR	
	SUBJECT SPECIALITY / DEPARTMENT	HOMOEOPATHIC PHARMACY	
	TOTAL TEACHING EXPERIENCE	4.5 YEARS	
	REGISTRATION	COUNCIL OF HOMOEOPATHIC MEDICINE, WEST BENGAL	
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	DATE OF JOINING IN THIS INSTITUTE	14.12.2015	
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	FATHERS NAME	KAUSHAL KISHOR PR SINHA	
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	DESIGNATION	READER/ASSOCIATE PROFESSOR	
	SUBJECT SPECIALITY / DEPARTMENT	ANATOMY	
	TOTAL TEACHING EXPERIENCE	5 YEARS	
	REGISTRATION	CENTRAL COUNCIL OF HOMOEOPATHY	
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	DATE OF JOINING IN THIS INSTITUTE	22.12.2014	
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	DESIGNATION	READER/ASSOCIATE PROFESSOR	
	SUBJECT SPECIALITY / 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	
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12	DESIGNATION	READER/ASSOCIATE PROFESSOR	
	SUBJECT SPECIALITY / DEPARTMENT	PATHOLOGY	
	TOTAL TEACHING EXPERIENCE	8.5 YEARS	
	REGISTRATION	CENTRAL COUNCIL OF HOMOEOPATHY	
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	DATE OF JOINING IN THIS INSTITUTE	02.11.2018	
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	FATHERS NAME	KRISHNA DAS SEN	
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	DESIGNATION	READER/ASSOCIATE PROFESSOR	
	SUBJECT SPECIALITY / DEPARTMENT	OBSTETRICS & GYNAECOLOGY	
	TOTAL TEACHING EXPERIENCE	6 YEARS	
	REGISTRATION	COUNCIL OF HOMOEOPATHIC MEDICINE, WEST BENGAL	
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	DATE OF JOINING IN THIS INSTITUTE	01.11.2018	
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14	NAME	DR. BHRIGU PRASAD DEY	
	FATHERS NAME	LT. DR. RATNESHWAR DEY	
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	DESIGNATION	READER/ASSOCIATE PROFESSOR	
	SUBJECT SPECIALITY / DEPARTMENT	SURGERY	
	TOTAL TEACHING EXPERIENCE	6 YEARS	
	REGISTRATION	COUNCIL OF HOMOEOPATHIC MEDICINE, WEST BENGAL	
	REGISTRATION NO.	11459	
	DATE OF JOINING IN THIS INSTITUTE	02.11.2018	
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15	NAME	DR. SAYAN DUTTA RAY	
	FATHERS NAME	RABINDRA NATH DUTTA RAY	
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	DESIGNATION	READER/ASSOCIATE PROFESSOR	
	SUBJECT SPECIALITY / DEPARTMENT	FORENSIC MEDICINE & TOXICOLOGY	
	TOTAL TEACHING EXPERIENCE	6 YEARS	
	REGISTRATION	COUNCIL OF HOMOEOPATHIC MEDICINE, WEST BENGAL	
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	DATE OF JOINING IN THIS INSTITUTE	02.11.2018	
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16	NAME	DR. SUMAN SAMANTA	
	FATHERS NAME	ASIT SAMANTA	
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	DESIGNATION	LECTURER/ASSISTANT PROFESSOR	
	SUBJECT SPECIALITY / DEPARTMENT	HOMOEOPATHIC MATERIA MEDICA	
	TOTAL TEACHING EXPERIENCE	1 YEARS	

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	DESIGNATION	LECTURER/ASSISTANT PROFESSOR	
	SUBJECT SPECIALITY / DEPARTMENT	COMMUNITY MEDICINE	
	TOTAL TEACHING EXPERIENCE	1 YEARS	
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18	NAME	DR. INDRAJIT BISWAS	
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	DESIGNATION	LECTURER/ASSISTANT PROFESSOR	
	SUBJECT SPECIALITY / DEPARTMENT	PHYSIOLOGY & BIOCHEMISTRY	
	TOTAL TEACHING EXPERIENCE	1 YEARS	
	REGISTRATION	COUNCIL OF HOMOEOPATHIC MEDICINE, WEST BENGAL	
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19	NAME	DR. SUKANTA GHOSH	
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	DESIGNATION	LECTURER/ASSISTANT PROFESSOR	
	SUBJECT SPECIALITY / DEPARTMENT	FORENSIC MEDICINE & TOXICOLOGY	
	TOTAL TEACHING EXPERIENCE	2.5 YEARS	
	REGISTRATION	CENTRAL COUNCIL OF HOMOEOPATHY	
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20	NAME	DR. ANNU PANDEY	
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	DESIGNATION	LECTURER/ ASSISTANT PROFESSOR	
	SUBJECT SPECIALITY / DEPARTMENT	REPERTORY	
	TOTAL TEACHING EXPERIENCE	FRESHER	
	REGISTRATION	MAHARASHTRA COUNCIL OF HOMOEOPATHY	
	REGISTRATION NO.	866	
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21	NAME	DR. BHASKAR KUMAR	
	FATHERS NAME	RAJESHWAR PRASAD YADAV	
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	DESIGNATION	LECTURER/ ASSISTANT PROFESSOR	
	SUBJECT SPECIALITY / DEPARTMENT	HOMOEOPATHIC MATERIA MEDICA	
	TOTAL TEACHING EXPERIENCE	FRESHER	
	REGISTRATION	JHARKHAND STATE AYUSH MEDICAL COUNCIL	
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	DESIGNATION	LECTURER/ ASSISTANT PROFESSOR	
	SUBJECT SPECIALITY / DEPARTMENT	PATHOLOGY	
	TOTAL TEACHING EXPERIENCE	FRESHER	
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	SUBJECT SPECIALITY / DEPARTMENT	SURGERY	
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	TOTAL TEACHING EXPERIENCE	FRESHER	
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	SUBJECT SPECIALITY / DEPARTMENT	OBSTETRICS & GYNAECOLOGY	
	TOTAL TEACHING EXPERIENCE	FRESHER	
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