Name of College/Institute: K.J. Somaiya Medical College, Sion, Mumbai

Name of the Department: Anatomy

Sr.	Name of the Teacher	Designation	MUHS Approved	Signature
No.			Designation	
1	DR. SHARADKUMAR P. SAWANT	PROFESSOR & HOD	PROFESSOR	1
2	DR. SHAGUPHTA T. SHAIKH	ASSOCIATE PROFESSOR	ASSOCIATE PROFESSOR	Straguetter 7/5/2
3	DR. RAKHI M. MORE	ASSOCIATE PROFESSOR	ASSISTANT PROFESSOR	ladi Mare 105/2
4	DR. SHAHEEN RIZVI	ASSISTANT LECTURER	TUTOR	•
5	DR. CHETAN ATUL BORSE	TUTOR	TUTOR	Chitter 7/5/22

Summary / ApprovedLStaff

Approved	-	N CARE	Approved	Staff
TERRITOR CLASS		T. A. C. S. W.	THE PLANT OF THE	2 - 60 4 8

Şr No.	Designation	Required	Available	Deficiency
1	Professor	l	ĺ	
2	Associate Professor	1	1	-
3	Assistant Professor	2	1 -	i -
Λ	Senior Resident	3	2	1
5	Junior Resident	-	-	

Sr. No.	Designation	Required	Available	Deficiency
1	Professor	1	1 -	-
2	Associate Professor	1-	1.	-
3	Assistant Professor	2,-	2 .	-
4	Senior Resident	3	3	_
5	Junior Resident	-	-	_

ture of HOD

Signature of Dean

Name of College/Institute: K.J. Somaiya Medical College, Sion, Mumbai Name of the Department: Physiology

Sr. No.	Name of the Teacher	Designation	MUHS Approved Designation	Signature
1	Dr. SHOBHA GANESH KINI	Professor & HOD	PROFESSOR	Slowing
2	Dr. PINAKI DEEPAK WANI	Associate Professor	ASSOCIATE PROFESSOR	
3	Ms SWATI SATYAVAN PATIL	Asst. Professor (Biophysics)	ASSISTANT PROFESSOR (Biophysics)	Satu
4	Dr. MANISHA SOOD	Asst. Professor	ASSISTANT PROFESSOR	Manisla
5	Dr. PRADEEP MAHABALA SHETTY	Assistant Lecturer	TUTOR	A THE
6	Dr. RUCHI RISHABH JAIN	Senior Resident		Pain

Summary -

Approved Staff

Sr. No.	Designation	Required	Available	Deficiency
1	Professor	1	1	_
2	Associate Professor	1	1	-
3	Assistant Professor	2	2,	
4	Senior Resident	3	Year	2
5	Junior Resident	-	-	-

Approved + Non Approved Staff

Sr. No.	Designation	Required	Available	Deficiency
1	Professor	1	1	-
2	Associate Professor	1	1,	-
3	Assistant Professor	2	2	_
4	Senior Resident	3	2	1
5	Junior Resident	-	_	-

Signature of HOD

Signature of Dean

DEAN

Wheath.

Name of the Department: Biochemistry

Sr. No.	Name of the Teacher	Designation	MUHS Approved Designation	Signature
1	DR. ROHINI B. BHADRE	PROFESSOR	PROFESSOR	Shady
2	DR. ADITYA B. SATHE	PROFESSOR & HOD	ASSOCIATE PROFESSOR	tiste
3.	DR. MANJIRI S. BHALKAR	PROFESSOR	ASSISTANT PROFESSOR	
4	DR. S.P. MOSAMKAR	TUTOR	TUTOR	Mojamkar

Summary --

Approved Staff

Sr. No.	Designation	Required	Available	Deficiency
1	Professor	1	1	_
:	Associate Professor	1	and the same of th	
5	Assistant Professor	2.	ŀ	1
	Senior Resident	3 .	1	. 2
5	Junior Resident	_	_	_

Approved + Non Approved Staff

Sr. No.	Designation	Required :	Available	Deficiency
î	Professor	à	1	_
2	Associate Professor	1-	1	-
3	Assistant Professor	2	2	_
4	Senior Resident	3	3	-
5	Junior Resident	. —	-	-

Signature of HOD

Mhardh

Signature of Dean

Name of College/Institute: K.J. Somaiya Medical College, Sion, Mumbai

Name of the Department: Pathology

Sr. No.	Name of the Teacher	Designation	MUHS Approved Designation	Signature
1	DR. KALPANA ASHISH HAJIRNIS	PROFESSOR	PROFESSOR	1
2	DR. SMITA AJIT SAWANT	PROFESSOR	ASSOCIATE PROFESSOR	Luant
3	DR. NIRMALA RAVINDRA GAIKWAD	ASSOCIATE PROFESSOR	TUTOR	ar
4	DR. DIPTI SNEHAL JADHAV	ASST. PROFESSOR	ASSISTANT PROFESSOR	Woodlar
5	DR. PRADNYA ATUL KULKARNI	TUTOR	TUTOR	
6	DR. PRAJAKTA J. VISHWAKARMA	TUTOR(C)	TUTOR	

Summary -Approved Staff

Sr. No.	Designation	Required	Available	Deficiency
1	Professor	1	1	_
2	Associate Professor	2	1	# ·
3	Assistant Professor	3	*	2
4	Senior Resident	4	3	1
5	Junior Resident	-	_	_

Signature of HOD

Approved + Non Approved Staff

Sr. No.	Designation	Required	Available	Deficiency
1	Professor	1	1 -	-
2	Associate Professor	2	2	+
3	Assistant Professor	3	5	_
4	Senior Resident	4	5	
5	Junior Resident	_	-	

Wheedh/ Signature of Dean

Name of the Department: Microbiology

Sr. No.	Name of the Teacher	Designation	MUHS Approved Designation	Signature
1	Dr. JYOTHIRLATHA VASANT BANGERA	Professor	PROFESSOR	
2		Professor	ASSOCATE PROFESSOR	
3	Dr. VIDYA HARISH SHETTY	Associate Professor	TUTOR	Buty
4	Dr. AARUSHI PRASHAN'I MANGLA	Asst. Professor	ASSISTANT PROFESSOR	
5	Dr. SUSHMITA BARUA	Tutor(C)	TUTOR	ch-

Summary -

Approved Staff

Sr. No.	Designation	Required	Available	Deficiency
1	Professor	1	1	-
2	Associate Professor	1	-	-
3	Assistant Professor	2	1	1
4	Senior Resident	4	2	2
5	Junior Resident		-	

Approved + Non Approved Staff

Sr. No.	Designation	Required	'Available	Deficiency
1	Professor	1	1	-
2	Associate Professor	. 1	2	-
3	Assistant Professor	2	2.	-
4	Senior Resident	4	4	_
5	Junior Resident	-	_	-

Signature of HOD

Signature of Dean

Mharethe

Name of the Department: Pharmacology

Sr. No.	Name of the Teacher	Designation	MUHS Approved Designation	Signature
1	BIG. OBITA	PROFESSOR & HOD	PROFESSOR	
2	27.11, 20.11	ASSOCIATE PROFESSOR	ASSOICATE PROFESSOR	
3	DR. PRATIK SANTOSH RANE	ASST. PROFESSOR	TUTOR	Joy
4	DR. NACHIKET SHAMSUDDIN BHAVESHAIKH	ASST. PROFESSOR	ASSISTANT PROFESSOR	
5	DR. RAUNAK NEIMISH DESAI	TUTOR(C)	TUTOR	

Summary -

Approved Staff

Sr. No.	Designation	Required	Available	Deficiency
1	Professor	1	1	_
2	Associate Professor	1	1	-
3	Assistant Professor	2	year.	1
4	Senior Resident	3	2	1
5	Junior Resident	_	-	_

Signature of HOD

Approved + Non Approved Staff

Sr. No.	Designation	Required	Available	Deficiency
1	Professor	1	1	-
2	Associate Professor	Ĭ	1	-
3	Assistant Professor	2	2	_
4	Senior Resident	3	3	_
5	Junior Resident	_	-	-

Signature of Dean

DEAN

Name of the Department: Forensic Medicine

Sr. No.	Name of the Teacher	Designation	MUHS Approved Designation	Signature
1	DR. SUNIL S. KADAM	PROFESSOR	PROFESSOR	haclan
2	DR. MAHESH M. DEVADAS	ASSISTANT PROFEESSOR	ASSISTANT PROFEESSOR	TOW
3	DR. KEITH J. D'SOUZA	TUTOR-	TUTOR	My My

Summary -

Approved Staff

Sr. No.	Designation	Required	Available	Deficiency
1	Professor	1	1	-
2	Associate Professor	1		1
3	Assistant Professor	1	1	-
0.	Senior Resident	2	1	1
5	Junior Resident	-	_	_

Approved + Non Approved Staff

Sr. No.	Designation	Required	Available	Deficiency
1	Professor	1	1	_
2	Associate Professor	ı	1	-
3	Assistant Professor	1	1	_
4	Senior Resident	2	1	1
5	Junior Resident	-	_	-

Signature of HOD

Signature of Dean

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DEAN

K. J. SOMAIYA MEDICAL COLLEGE

Near Everard Nagar
Eastern Express Highway, Sion / Chunabhatti,
Mumbai - 400 022

Name of College/Institute: K.J. Somaiya Medical College, Sion, Mumbai

Name of the Department: ENT

Sr. No.	Name of the Teacher	Designation	MUHS Approved Designation	Signature
1	DR. DINESH S. VAIDYA	PROFESSOR	PROFEOSSOR	
2	DR. SRINIDHI RAVI	ASSISTANT PROFESSOR	ASSISTANT PROFEOSSOR	

Summary -

Approved Staff

Sr. No.	Designation	Required	Available	Deficiency
1	Professor	0	1	_
2	Associate Professor	0	_	<u></u>
3	Assistant Professor	1	1	_
4	Senior Resident	1	-	1
5	Junior Resident	_	-	_

Approved + Non Approved Staff

Sr. No.	Designation	Required	Available	Deficiency
1	Professor	0	1	-
2	Associate Professor	0	1	-
3	Assistant Professor	1	i	-
4	Senior Resident	1	3	_
5	Junior Resident	-	1	_

Wheath

Signature of HOD

Signature of Dean

Name of the Department: Ophthalmology

Sr. No.	Name of the Teacher	Designation	MUHS Approved Designation	Signature
1	DR. MINU RAMAKRISHNAN	PROFESSOR	PROFESSOR	
2	DR. OMKAR JAGDISH TELANG	PROFESSOR	ASSISTANT PROFESSOR	

Summary -

Approved Staff

Sr. No.	Designation	Required	Available	Deficiency
1	Professor	0	1	
2	Associate Professor	0		
3	Assistant Professor	1	1	
4	Senior Resident	1		1
5	Junior Resident			

Approved + Non Approved Staff

Sr. No.	Designation	Required	Available	Deficiency
1	Professor	0	1	
2	Associate Professor	0	1	
3	Assistant Professor	1	3	
4	Senior Resident	1	1	
5	Junior Resident		5	

Signature of HOD

Signature of Dean

Name of College/Institute: K.J. Somaiya Medical College, Sion, Mumbai

Name of the Department: Community Medicine

Sr. No.	Name of the Teacher	Designation	MUHS Approved Designation	Signature
1	DR. PADMAVATHI V. DYAVARISHETTY	PROFESSOR	PROFESSOR	PShetty
2	DR DEEDALLKADAM	ASSOCAITE PROFESSOR	ASSOCIATE PROFESSOR	Du
3	DR. DIPAK PATIL	ASSOCIATE PROFESSOR	EPID CUM LECTURER	
4	DR. ASHA POL	ASSISTANT PROFESSOR	ASSISTANT PROFESSOR	
5	DR. VARSHA VIVEK PAI	TUTOR	TUTOR	
6	DR. KOTHMIRE TEJAL D.	STATISTICIAN CUM TUTOR	STATISTICIAN CUM TUTOR	274

Summary -

Approved Staff

Sr. No.	Designation	Required	Available	Deficiency
1	Professor	1	1	-
2	Associate Professor	2	1	beaut,
3	Assistant Professor	3	2	1
4	Senior Resident	4	2	2
5	Junior Resident	_	_	_

Approved + Non Approved Staff

Sr. No.	Designation	Required	Available	Deficiency
1.	Professor	1	1	-
2.	Associate Professor	2	<u>.</u>	1
3	Assistant Professor	3	3	-
4	Senior Resident	4	5	-
5	Junior Resident	-	-	_

Signature of HOD

Madle

Signature of Dean

DEAN
K. J. SOMAIYA MEDICAL COLLEGE

Near Everard Nagar Eastern Express Highway, Sion / Chunabhatti, Mumbai - 400 022

Name of College/Institute: K.J. Somaiya Medical College, Sion, Mumbai

Name of the Department: General Medicine

Sr. No.	Name of the Teacher	Designation	MUHS Approved Designation	Signature
1	DR. NIHARIKA HARENDRA GILL	Professor	PROFESSOR	Ngui
2	Dr. AMAR RAMAJI PAZARE	Associate Professor (C)	ASSOCIATE PROFESSOR	
3	Dr. MAYUR MANJIBHAI MEWADA	Asst. Professor (C)	ASSISTANT PROFESSOR	
4	Dr. YOGESH VASHDEV KHITHANI	Asst. Professor (C)	ASSISTANT PROFESSOR	
5	Dr. AMJADKHAN MAHEBUBKHAN PATHAN	Asst. Professor	ASSISTANT PROFESSOR	

Summary -

Approved Staff

Sr. No.	Designation	Required	Available	Deficiency
1	Professor	1	1	-
2	Associate Professor	2	1	1
3	Assistant Professor	3	3	-
4	Senior Resident	3	_	3
5	Junior Resident	-		_

Approved + Non Approved Staff

Sr. No.	Designation	Required	Available	Deficiency
1	Professor	1	1	_
2	Associate Professor	2	2	_
3	Assistant Professor	3	5	-
4	Senior Resident	3	2	1
5	Junior Resident		9	

Name of the Department: EMERGENCY MEDICINE

Sr. No.	Name of the Teacher	Designation	MUHS Approved Designation	Signature
1	DR. VIKRANT BHAGVAT	ASSOCIATE PROFESSOR	ASSISTANT PROFESSOR (MUHS APPROVED FOR GEN. SURGERY)	Shey rat

Summary -

Approved Staff

Sr. No.	Designation	Required	Available	Deficiency
1	Professor	0		
2	Associate Professor	1		1
3	Assistant Professor	1	1	
4	Senior Resident	6		6
5	Junior Resident			

Approved + Non Approved Staff

Sr. No.	Designation	Required	Available	Deficiency
1	Professor	0	I	
2	Associate Professor	1	1	
3	Assistant Professor	Į.	1 .	
4	Senior Resident	6	4	2
5	Junior Resident			

Signature of HOD

Signature of Dean

Manadh

Name of College/Institute: K.J. Somaiya Medical College, Sion, Mumbai

Name of the Department: Skin & VD

Sr. No.	Name of the Teacher	Designation	MUHS Approved Designation	Signature
1	DR. SHITAL A. POOJARY	PROFESSOR	ASSOICATE PROFESSOR	
2	DR. PATHAVE HARI SHIVARAM	ASSISTANT PROFESSOR	ASSISTANT PROFESSOR	35

Summary -

Approved Staff

Sr. No.	Designation	Required	Available	Deficiency
1	Professor	0		_
2	Associate Professor	I	1	-
3	Assistant Professor	1	1	~
4	Senior Resident	1	_	1
5	Junior Resident	-	-	_

Approved + Non Approved Staff

Sr. No.	Designation	Required	Available	Deficiency
1	Professor	0	12	-
2	Associate Professor	1	1	_
3	Assistant Professor	1	1	-
4	Senior Resident	1	Town to the state of the state	-
5	Junior Resident		2.	

Signature of HOD

Signature of Dean

Muerally

Name of the Department: Psychiatry

Sr. No.	Name of the Teacher	Designation	MUHS Approved Designation	Signature
1	DR. BINDOO SUJIT JADHAV	PROFESSOR	ASSOCIATE PROFESSOR	Bfellow.
2	DR. VEENA SAGAR GHOLAP	ASSOCIATE PROFESSOR	ASSISTANT PROFESSOR	

Summary -

Approved Staff

Sr. No.	Designation	Required	Available	Deficiency
1	Professor	0	-	-
2	Associate Professor	1	l	_
3	Assistant Professor	1	1	-
4	Senior Resident	1	-	1
5	Junior Resident	-	-	_

Approved + Non Approved Staff

Sr. No.	Designation	Required	Available	Deficiency
1	Professor	0	1	-
2	Associate Professor	1	1	-
3	Assistant Professor	1	1	_
4	Senior Resident	1	2	
5	Junior Resident		9	

Signature of HOD

Signature of Dean

Mhodh

Name of the Department: TB & Chest Medicine

Sr. No.	Name of the Teacher	Designation	MUHS Approved Designation	Signature
1	MUGDHA ASHOK BHIDE	Associate Professor	ASSISTANT PROFESSOR	

Summary -

Approved Staff

Sr. No.	Designation	Required	Available	Deficiency
1	Professor	0	_	_
2	Associate Professor	1	_	1
3	Assistant Professor	I	1	-
4	Senior Resident	1	_	1
5	Junior Resident	-	-	_

Approved + Non Approved Staff

Sr. No.	Designation	Required	Available	Deficiency
1	Professor	0	-	-
2	Associate Professor	I	1	-
3	Assistant Professor	1	2	-
4	Senior Resident	1	1	_
5	Junior Resident		2	

Signature of HOD

Signature of Dean

Medly

Name of College/Institute: K.J. Somaiya Medical College, Sion, Mumbai Name of the Department: Dentistry

Sr. No.	Name of the Teacher	Designation	MUHS Approved Designation	Signature
1	DR. BIPIN R. UPADYAY	ASSOCIATE PROFESSOR	ASSOCIATE PROFESSOR	
2	DR. JAGTAP DEEPAK BHAGWAN	ASSISTANT PROFESSOR	ASSISTANT PROFESSOR	

Summary -

Approved Staff

Sr. No.	Designation	Required	Available	Deficiency
1	Professor	0	-	_
2	Associate Professor	0	1	_
3	Assistant Professor	1	1	_
4	Senior Resident	1	-	1
5	Junior Resident	_	_	-

Approved + Non Approved Staff

Sr. No.	Designation	Required	Available	Deficiency
1	Professor	0	_	_
2	Associate Professor	0	1	_
3	Assistant Professor	1	1	-
4	Senior Resident	1	1	-
5	Junior Resident	-	_	-

Signature of HOD

Signature of Dean

N.Rradly

Name of the Department: General Surgery

Sr. No.		Designation	MUHS Approved Designation	Signature
1	DR. TILAKDAS SUDHAKAR SHETTY	PROFESSOR	ASSOCIATE PROFESSOR	Thethy
2	DR. KUMAR PREMJEET SURESH MADHUKAR	ASSOCIATE PROFESSOR	ASSOCIATE PROFESSOR	
3	DR. SHALAKA MANOHAR INDAP	ASSOCIATE PROFESSOR	ASSISTANT PROFESSOR	

Summary -

Approved Staff

Sr. No.	Designation	Required	Available	Deficiency
1	Professor	1		1
2	Associate Professor	2	2	
3	Assistant Professor	3	1	2
4	Senior Resident	3	ii B	3
5	Junior Resident			

Approved + Non Approved Staff

Sr. No.	Designation	Required	Available	Deficiency
1	Professor	1	1	
2	Associate Professor	2	.4	
3	Assistant Professor	3	4	
4	Senior Resident	3	3	
5	Junior Resident		6	

Signature of HOD

Signature of Dean

Morally

Name of College/Institute: K.J. Somaiya Medical College, Sion, Mumbai

Name of the Department: Radiology

Sr. No.	Name of the Teacher	Designation	MUHS Approved Designation	Signature
	Dr. CHANDRAKANT MANMATH SHETTY	Professor (C)	Professor	
2	Dr. MAHIMA RISHABH KAPOOR	Asst. Professor	Asst. Professor	Act falca

Summary -

Approved Staff

Sr. No.	Designation	Required	Available	Deficiency
1	Professor	1	1	_
2	Associate Professor	1	_	1
3	Assistant Professor	1	1	_
4	Senior Resident	2 ,	_	2
5	Junior Resident	-	~	-

Signature of HOD

Approved + Non Approved Staff

Sr. No.	Designation	Required	Available	Deficiency
1	Professor	i	ī	-
2	Associate Professor	1		1
3	Assistant Professor	1	2	_
4	Senior Resident	2	3	_
5	Junior Resident		ě	

Signature of Dean

Name of the Department: Orthopeadics

Sr. No.	Name of the Teacher	Designation	MUHS Approved Designation	Signature
1	DR. TUSHAR SINGHI	PROFESSOR	PROFESSOR	Justiget Arth
2	DR. NIKHIL SUSHIL	ASSISTANT	ASSISTANT	Comme
	SINGH	PROFESSOR	PROFESSOR	CAN. V

Summary -Approved Staff

Sr. No.	Designation	Required	Available	Deficiency
1	Professor	1	1	_
2	Associate Professor	1	-	1
3	Assistant Professor	1	I	-
4	Senior Resident	1	-	1
5	Junior Resident	-	-	_

Approved + Non Approved Staff

Sr. No.	Designation	Required	Available	Deficiency
1	Professor	1	3	_
2	Associate Professor	1	_	-
3	Assistant Professor	1	2	_
4	Senior Resident	1	2	_
5	Junior Resident		3	

Tustowski Signature of HOD

Signature of Dean

Mhrandh

Name of the Department: Anaesthesia

Sr. No.	Name of the Teacher	Designation	MUHS Approved Designation	Signature
1	DR. CHAULA M. DOSHI	PROFESSOR	PROFESSOR	
2	DR. TANVI A. DHAWALE	ASSOCIATE PROFESSOR	ASSOCIATE PROFESSOR	T.A. Mawa
3	DR. PREETI GANPAT MORE	PROFESSOR	ASSOCIATE PROFESSOR	must one
4	DR. ABHIJEET SHEKHAWAT	ASSISTANT PROFESSOR	ASSISTANT PROFESSOR	
5	DR. PIYUSH B. WANI	ASSOCIATE PROFESSOR	ASSISTANT PROFESSOR	Al
6	DR. RENUKA S. PUROHIT	ASSISTANT PROFESSOR	ASSISTANT PROFESSOR	Remilia

Summary -

Approved Staff

Sr. No.	Designation	Required	Available	Deficiency
1	Professor	0	1	_
2	Associate Professor	2	2	
3	Assistant Professor	2	3	_
4	Senior Resident	1	_	1
5	Junior Resident	_	_	_

Approved + Non Approved Staff

Sr. No.	Designation	Required	Available	Deficiency
1	Professor	0	17.4	-
2	Associate Professor	2	2 _	_
3	Assistant Professor	2	5	_
4	Senior Resident	1	4	-
5	Junior Resident		4	

Signature of HOD

Signature of Dean

Mhardh

Name of the Department: Obst. & Gynecology

Sr. No.	Name of the Teacher	Designation	MUHS ApprovedDesignation	Signature
1	DR. PUNDALIK KRISHNA SONAWANE	PROFESSOR	ASSOCIATE PROFESSOR	*
2	DR. KIRTI RAJESH BENDRE	PROFESSOR	ASSISTANT PROFESSOR	VBendr
3	DR.DEEP MAHENDRA BHADRA	ASST. PROFESSOR	ANTENATAL MEDICAL OFFICER CUM LECTURER	
4	DR.PRADNYA DEVDAS SHETTY	ASST. PROFESSOR	MATERNITY & CHILD WELFARE OFFICER CUM LECTURER	
5	DR.PRATIMA ANAND GAIKWAD	ASST. PROFESSOR	ASSISTANT PROFESSOR	

Summary -Approved Staff

Deficiency Designation Required Available Sr. No. 1 Professor 1 1 Associate Professor 2 4 Assistant 3 Professor 2 2 Senior Resident Junior Resident 5

Approved + Non Approved Staff

Sr. No.	Designation	Required	Available	Deficiency
1	Professor	1		4
2	Associate Professor	1	ı	
3	Assistant Professor	2	5	
4	Senior Resident	2		2
5	Junior Resident		04	

Signature of HOD

Signature of Dean

Monadh

DEAN K. J. SOMATYA MEDICAL COLLEGE

Near Everard Near Eastern Express Hor Company, Straight, Minisha, 400 to 2

Name of the Department: Peadiatrics

Sr. No.	Name of the Teacher	Designation	MUHS Approved Designation	Signature
1	DR. SUJATA VISHNU KANHERE	PROFESSOR	ASSOCIATE PROFESSOR	Kanks
2	DR. VARSHA DILIP PHADKE	PROFESSOR	PROFESSOR	
3	DR.PRIYANKA NITIN BOTE	ASST. PROFESSOR	ASSISTANT PROFESSOR	myanda

Summary -

Approved Staff

Sr. No.	Designation	Required	Available	Deficiency
1	Professor	1	1	-
2	Associate Professor	I	1	-
3	Assistant Professor	1	1	_
4	Senior Resident	1	-	1
5	Junior Resident	-	-	_

Signature of HOD

Approved + Non Approved Staff

Sr. No.	Designation	Required	Available	Deficiency
1	Professor	1	1	-
2	Associate Professor	1	1	_
3	Assistant Professor	1	2	-
4	Senior Resident	1	3	-
5	Junior Resident		6	

Signature of Dean