

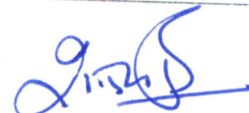
Monthly Teaching Schedule Web Request form (MCI Compliance) month wise
(add the contents in the Department page)

Name of Teacher : DR. ATUL KUMAR SINGH

Designation: ASSISTANT PROFESSOR

Department: ANAESTHESIOLOGY

Teaching						
Under Graduate			Post Graduate			
Theory Lecture	Practical / Clinical Session	Tutorials	Seminar	Journal Club	Case Discussion/ Practical Demonstration	Any Other
1	2	5	2	1	58	



 Signature of Head
Professor & Head
Deptt. of Anaesthesiology
IMS, B.H.U., VARANASI

Please send the information in the form of Hard copy, Soft Copy and also send to the email : mdean.ims@gmail.com,
 copy to : santanubosebhu@gmail.com

Annual ~~Monthly~~ Teaching Schedule Web Request form (MCI Compliance) month wise
 (add the contents in the Department page)

Name of Teacher : Arvind Bhalekar
 Designation: Assistant Professor
 Department: Deptt. of Anaesthesiology.

Teaching						
Under Graduate			Post Graduate			
Theory Lecture	Practical / Clinical Session	Tutorials	Seminar	Journal Club	Case Discussion/ Practical Demonstration	Any Other
1	2	5	2	1	58	


 Signature of Head
Professor & Head
Deptt. of Anaesthesiology
IMS, B.H.U., VARANASI

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Monthly Teaching Schedule Web Request form (MCI Compliance) ^{year} month wise
 (add the contents in the Department page)

Name of Teacher : Dr. Sandeep Kaha

Designation: Assistant Professor

Department: Anaesthesiology

Teaching						
Under Graduate			Post Graduate			
Theory Lecture	Practical / Clinical Session	Tutorials	Seminar	Journal Club	Case Discussion/ Practical Demonstration	Any Other
1	2	4	2	1	56	




Signature of Head
 Professor & Head
 Deptt. of Anaesthesiology
 IMS, B.H.U., VARANASI

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Monthly Teaching Schedule Web Request form (MCI Compliance) month wise
 (add the contents in the Department page)

Name of Teacher : *Nimisha Veema*
 Designation: *Assistant Professor*
 Department: *Anaesthesiology*

Teaching						
Under Graduate			Post Graduate			
Theory Lecture	Practical / Clinical Session	Tutorials	Seminar	Journal Club	Case Discussion/ Practical Demonstration	Any Other
<i>1 → BDS 1 → MBBS</i>	<i>2</i>	<i>5</i>	<i>2</i>	<i>1</i>	<i>56</i> ↓	



 Signature of Head
Professor & Head
Deptt. of Anaesthesiology
IMS, B.H.U., VARANASI

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Monthly Teaching Schedule Web Request form (MCI Compliance) month wise
(add the contents in the Department page)

Name of Teacher : **DR GAURAV JAIN**
 Designation: **ASSISTANT PROFESSOR**
 Department: **ANAESTHESIOLOGY**

Teaching						
Under Graduate			Post Graduate			
Theory Lecture	Practical / Clinical Session	Tutorials	Seminar	Journal Club	Case Discussion/ Practical Demonstration	Any Other
1	2	4	2	1	56	


P. Rayya
 Professor & Head
 Deptt. of Anaesthesiology
 IMS, B.H.U., VARANASI

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Annual / ~~Monthly~~ Teaching Schedule Web Request form (MCI Compliance) month wise
 (add the contents in the Department page)

Name of Teacher : DR. YASHPAL SINGH

Designation: ASSISTANT PROFESSOR

Department: ANAESTHESIOLOGY

Teaching (Per year)						
Under Graduate			Post Graduate			
Theory Lecture	Practical / Clinical Session	Tutorials	Seminar	Journal Club	Case Discussion/ Practical Demonstration	Any Other
1	2	5	2	1	58	

P. Ranjan
 Professor & Head
 Deptt. of Anaesthesiology
 IMS, B.H.U., VARANASI

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 copy to : santanubosebhu@gmail.com

Monthly Teaching Schedule Web Request form (MCI Compliance) month wise
(add the contents in the Department page)

Name of Teacher : **DR. RAJESH KUMAR MEENA**
 Designation: **Assistant professor**
 Department: **Anaesthesiology**

Teaching						
Under Graduate			Post Graduate			
Theory Lecture	Practical / Clinical Session	Tutorials	Seminar	Journal Club	Case Discussion/ Practical Demonstration	Any Other
2	2	6	1	1	60	

P. Ranjan

Signature of Head

Professor & Head
Deptt. of Anaesthesiology
Institute of Medical Sciences,
Banaras Hindu University
VARANASI-221005

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 copy to : santanubosebhu@gmail.com


Monthly Teaching Schedule Web Request form (MCI Compliance) month wise
(add the contents in the Department page)

Name of Teacher : **Dr. SHASHI PRAKASH**

Designation: **Assit. Professor**

Department: **of Anaesthesiology**

Teaching						
Under Graduate			Post Graduate			
Theory Lecture	Practical / Clinical Session	Tutorials	Seminar	Journal Club	Case Discussion/ Practical Demonstration	Any Other
1	2	5	2	1	58	


 Signature of Head
Professor & Head
Deptt. of Anaesthesiology
IMS, B.H.U., VARANASI

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Monthly Teaching Schedule Web Request form (MCI Compliance) month wise
(add the contents in the Department page)

Name of Teacher : DR RAJEEV KUMAR DUBEY

Designation: ASSOCIATE PROFESSOR

Department: ANAESTHESIOLOGY

Teaching						
Under Graduate			Post Graduate			
Theory Lecture	Practical / Clinical Session	Tutorials	Seminar	Journal Club	Case Discussion/ Practical Demonstration	Any Other
1	2	5	2	1	58	


 Signature of Head
 Professor & Head
 Deptt. of Anaesthesiology
 IMS, B.H.U., VARANASI

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 copy to : santanubosebhu@gmail.com


Monthly Teaching Schedule Web Request form (MCI Compliance) month wise
(add the contents in the Department page)

Name of Teacher : DR. GHANSHYAM YADAV

Designation: ASSOCIATE PROFESSOR

Department: ANAESTHESIOLOGY

Teaching						
Under Graduate			Post Graduate			
Theory Lecture	Practical / Clinical Session	Tutorials	Seminar	Journal Club	Case Discussion/ Practical Demonstration	Any Other
1	2	4	2	1	58	



P. Ranjan
 Professor & Head
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Monthly Teaching Schedule Web Request form (MCI Compliance) month wise
(add the contents in the Department page)

Name of Teacher : *Dr. Anil Kumar Paswan*
 Designation: *Associate prof.*
 Department: *Anaesthesiology*

Teaching						
Under Graduate			Post Graduate			
Theory Lecture	Practical / Clinical Session	Tutorials	Seminar	Journal Club	Case Discussion/ Practical Demonstration	Any Other
<i>1</i>	<i>2</i>	<i>4</i>	<i>2</i>	<i>1</i>	<i>50</i>	


 Signature of Head
 Professor & Head
 Deptt. of Anaesthesiology
 IMS, B.H.U., VARANASI

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 copy to : santanubosebhu@gmail.com

Monthly Teaching Schedule Web Request form (MCI Compliance) month wise
(add the contents in the Department page)

Name of Teacher : *Dr. Anil Prasad Singh*

Designation: *Prof.*

Department: *Anaesthesiology*

Teaching						
Under Graduate			Post Graduate			
Theory Lecture	Practical / Clinical Session	Tutorials	Seminar	Journal Club	Case Discussion/ Practical Demonstration	Any Other
<i>1</i>	<i>2</i>	<i>5</i>	<i>2</i>	<i>1</i>	<i>60</i>	<i>2</i>

P. Ranjan

Signature of Head

Professor & Head
Deptt. of Anaesthesiology
Institute of Medical Sciences
Banaras Hindu University
VARANASI-221005

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Monthly Teaching Schedule Web Request form (MCI Compliance) month wise
(add the contents in the Department page)

Name of Teacher : **RAM BADAN RAM**
 Designation: **PROFESSOR**
 Department: **ANAESTHESIOLOGY**

Under Graduate			Teaching (Per month)			
Under Graduate			Post Graduate			
Theory Lecture	Practical / Clinical Session	Tutorials	Seminar	Journal Club	Case Discussion/ Practical Demonstration	Any Other
1	2	5	2	1	60	

P. Ranjan
 Signature of Head
Professor & Head
Deptt. of Anaesthesiology
IMS, B.H.U., VARANASI

Please send the information in the form of Hard copy, Soft Copy and also send to the email : mdean.ims@gmail.com,
 copy to : santanubosebhu@gmail.com


Monthly Teaching Schedule Web Request form (MCI Compliance) month wise
(add the contents in the Department page)

Name of Teacher : DR. R.K. Verma

Designation: Professor

Department: Anaesthesiology, IMS, Ban

Teaching						
Under Graduate			Post Graduate			
Theory Lecture	Practical / Clinical Session	Tutorials	Seminar	Journal Club	Case Discussion/ Practical Demonstration	Any Other
1	2	5	2	2	58	


 Signature of Head
Professor & Head
Deptt. of Anaesthesiology
IMS, B.H.U., VARANASI

Please send the information in the form of Hard copy, Soft Copy and also send to the email : mdean.ims@gmail.com,
 copy to : santanubosebhu@gmail.com

Monthly Teaching Schedule Web Request form (MCI Compliance) month wise
 (add the contents in the Department page)

Name of Teacher : *Gyanendra Kumar Sinha*

Designation: *Professor*

Department: *Anaesthesiology*

Teaching						
Under Graduate			Post Graduate			
Theory Lecture	Practical / Clinical Session	Tutorials	Seminar	Journal Club	Case Discussion/ Practical Demonstration	Any Other
1	2	2	2	1	60	

P. Rayan

Signature of Head
Professor & Head
Deptt. of Anaesthesiology
IMS, B.H.U., VARANASI

Please send the information in the form of Hard copy, Soft Copy and also send to the email : mdean.ims@gmail.com,
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Monthly Teaching Schedule Web Request form (MCI Compliance) month wise
 (add the contents in the Department page)

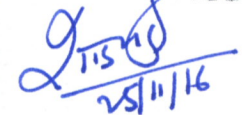
Name of Teacher : **DR SHARAD KUMAR MATHUR**

Designation: **PROFESSOR**

Department: **ANAESTHESIOLOGY**

Teaching						
Under Graduate			Post Graduate			
Theory Lecture	Practical / Clinical Session	Tutorials	Seminar	Journal Club	Case Discussion/ Practical Demonstration	Any Other
1	2	2	2	1	60	

Signature of Head



Professor & Head
Deptt. of Anaesthesiology
IMS, B.H.U., VARANASI

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 copy to : santanubosebhu@gmail.com

Monthly Teaching Schedule Web Request form (MCI Compliance) month wise

(add the contents in the Department page)

Name of Teacher: Dr PUSHKAR RANJAN

Designation: PROFESSOR

Department: ANAESTHESIOLOGY

Teaching						
Under Graduate			Post Graduate			
Theory Lecture	Practical/Clinical Session	Tutorials	Seminar	Journal Club	Case Discussion/Practical Demonstration	Any Other
1	2	5	2	1	56	

P. Ranjan 3.12.16
Signature of Head
Professor & Head
Deptt. of Anaesthesiology
IMS, B.H.U., VARANASI

**Monthly Teaching Schedule Web Request Form (MCI
Compliance) Month Wise**

(Add the content in the Department page)

Name of Teacher : Dr L D Mishra

Designation : Professor

Department : Department of Anaesthesiology

Teaching						
Theory Lecture			Practical/ Clinical Session			
Theory Lecture	Practical/ Clinical Session	Tutorials	Seminar	Journal Club	Case Discussion/ Practical Demonstration	Any Other
1	2	5	2	1	56	

P. R. Rawja

Signature of Head

Professor & Head
Dept. of Anaesthesiology
Institute of Medical Sciences
Banaras Hindu University
VARANASI-221005

Monthly Teaching Schedule Web Request form (MCI Compliance) month wise
(add the contents in the Department page)

Name of Teacher : PROF DK SINGH

Designation: PROFESSOR

Department: ANAESTHESIOLOGY

Teaching						
Under Graduate			Post Graduate			
Theory Lecture	Practical / Clinical Session	Tutorials	Seminar	Journal Club	Case Discussion/ Practical Demonstration	Any Other
1	2	5	2	1	56	

Signature of Head

P. Ranjan
 Professor & Head
 Deptt. of Anaesthesiology
 IMS, B.H.U., VARANASI

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 copy to : santanubosebhu@gmail.com

Monthly Teaching Schedule Web Request form (MCI Compliance) month wise
(add the contents in the Department page)

Name of Teacher : **Dr. VIRENDRA RASTOGI**
 Designation: **PROFESSOR**
 Department: **ANAESTHESIOLOGY**

Teaching						
Under Graduate			Post Graduate			
Theory Lecture	Practical / Clinical Session	Tutorials	Seminar	Journal Club	Case Discussion/ Practical Demonstration	Any Other
1	2	5	2	2	52	P DCC PAIN MANAGEMENT
-	-	-				

P. Ranjan
 Signature of Head

Professor & Head
Deptt. of Anaesthesiology
Institute of Medical Sciences
Varanasi Hindu University
VARANASI-221005

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 copy to : santanubosebhu@gmail.com