

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

Name of Teacher : Dr. Deepika Joshi

Designation: Professor & Head

Department: Neurology, IMS, BHU.

Under Graduate			Teaching				Post Graduate	
Theory Lecture	Practical / Clinical Session	Tutorials	Seminar	Journal Club	Case Discussion/ Practical Demonstration	Any Other		
2 mo.	14	6	4 mo.	4 mo.	20 mo.	Lab work EEG, EPS		

*Deepika*  
Signature of Head

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

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

(add the contents in the Department page)

Name of Teacher : *Dr. Vijay Prath Mishra*

Designation: *Professor*

Department: *Microbiology*

Under Graduate			Teaching				Post Graduate	
Theory Lecture	Practical / Clinical Session	Tutorials	Seminar	Journal Club	Case Discussion/ Practical Demonstration	Any Other		
<i>2 nos.</i>	<i>14</i>	<i>6</i>	<i>4 nos.</i>	<i>4 nos.</i>	<i>20 nos.</i>	<i>Labwork BEC, EPS</i>		

*Deepak*

Signature of Head

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

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

Name of Teacher : **DR RAMESHWAR NATH CHAURASIA**

Designation: **ASSOCIATE PROFESSOR**

Department: **NEUROLOGY**

Teaching						
Under Graduate			Post Graduate			
Theory Lecture	Practical / Clinical Session	Tutorials	Seminar	Journal Club	Case Discussion/ Practical Demonstration	Any Other
4	18	8	4/mo	4/m	20	Lectures (SOP, ERS)

*Deepika*  
Signature of Head

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 copy to : [santanubosebhu@gmail.com](mailto:santanubosebhu@gmail.com)