

Monthly Teaching Schedule Web Request form (MCI Compliance) month wise
 (add the contents in the Department page) *October 2014 - Nov.*

Name of Teacher : *Prof. M.K. Singh*
 Designation: *Professor*
 Department: *Ophthal*

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

MSU
 Signature of Head
 प्रोफेसर व विभागाध्यक्ष / Professor & Head
 नेत्र विभाग, चिंविंसो / Dept. of Ophthalmology
 कांहीविंविं, वाराणसी / 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) *October - 2016*

Name of Teacher : *Dr. OM PRAKASH SINGH MAURYA*

Designation: : *Professor*

Department: : *ophthalmology*

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

Om
 Signature of Head
 प्रोफेसर व विभागाध्यक्ष / Professor & Head
 चिकित्सा विभाग, चिंवि०सं० / Dept. of Ophthalmology, I.M.S.
 कां०हिं०वि०, वाराणसी / B.H.U., Varanasi *5/12*

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Monthly Teaching Schedule Web Request form (MCI Compliance) month wise
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October, 2016

Name of Teacher : *Sr. Deepak Mishra*

Designation:

Department:

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


 Signature of Head
 प्रोफेसर व विभागाध्यक्ष / Professor & Head
 नेत्र विभाग, चि०वि०सं० / Dept. of Ophthalmology, I.M.S.
 का०हि०वि०वि०, वाराणसी / 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. Rajendra Prakash Maurya


Designation: Assistant Professor

November 2016

Department: Ophthalmology

Teaching

Under Graduate			Post Graduate			
Theory Lecture	Practical / Clinical Session	Tutorials	Seminar	Journal Club	Case Discussion/ Practical Demonstration	Any Other
3 lect November 16	8 / matter		4 / matter	4 / matter	4 / matter	


 Signature of Head
 प्रोफेसर व विभागाध्यक्ष / Professor & Head
 चिकित्सा विभाग, सि.वि.सं. / Dept. of Ophthalmology, I.M.S.
 का.हि.वि.सं., वाराणसी / B.H.U., Varanasi
 11/2/16

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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)

Oct 2016

Name of Teacher : Prashant Bhushan
Designation: Assist. Prof.
Department: ophthalmology

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

Signature of Head
प्रोफेसर व विभागाध्यक्ष / Professor & Head
चक्र विभाग, चिंवि०सं० / Dept. of Ophthalmology, I.M.S.
का०हि०वि०वि०, वाराणसी / 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)

October - 2016

Name of Teacher : VIRENDRA PRATAP SINGH
 Designation: Professor
 Department: Ophthalmology.

Teaching						
Under Graduate			Post Graduate			
Theory Lecture	Practical / Clinical Session	Tutorials	Seminar	Journal Club	Case Discussion/ Practical Demonstration	Any Other
04	04 per Week.	-	04 per week		04 week	


 Signature of Head
 प्रोफेसर व विभागाध्यक्ष / Professor & Head
 च. विभाग, दि. वि. सं. / Dept. of Ophthalmology, I.M.S
 का. वि. वि. वि. वाराणसी / B.H.U. Varanasi

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Monthly Teaching Schedule Web Request form (MOE Compliance form) to be filled by the faculty
(add the contents in the Department page)

Oct-Nov. 2016

Name of Teacher : DR SHRI KANT
Designation: PROFESSOR
Department: OPHTHALMOLOGY

Teaching

Under Graduate			Post Graduate			
Theory Lectures	Practical / Clinical Session	Tutorials	Seminar	Journal Club	Case Discussion/ Practical Demonstration	Any Other
—	4 months	—	—	4 months	3 months	—

Shri Kant

Signature: [Signature]
Head
प्रोफेसर व विभागाध्यक्ष / Professor & Head
नेत्र विभाग, चिन्मयि संसो / Dept. of Ophthalmology, C.M.S.
का.हि.वि.वि.वो, वाराणसी / B.H.U., Varanasi 15/12/16

Please send the information in the form of Hard copy, Soft Copy and also send to the email: indianmission@cmu.com,
copy to: santanuboschhu@gmail.com