

## Anne- I

**1. Details of Director or Principal and Medical Superintendent including their name, age, Registration number, qualification, date of joining, complete address with telephone of mobile numbers and subscriber trunk dialing code, fax and E-mail etc.**

S. No.	Name of Teachers	Date of Birth	Registration No.	Qualification	Date of Joining	Complete Address with telephone or Mobile No.	Department	Fax and Email.
1	2	3	4	5	6	7	8	9
1	 Dr. Sanjay Singh	01.08.1966	12222 (C.G)	DHMS, MD.(Hom.)	08/10/2009	Civil Line, Kera Road, Janjgir Champa C.G.	P.M.	<a href="mailto:ss4390101@gmail.com">ss4390101@gmail.com</a>