Name of the Office: GREAT EASTERN MEDICAL SCHOOL & HOSPITAL

# Attendance Register ANATOMY DEPT

Month: APRIL Year: 2017

| S. No. | NAME | Designation | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Remarks |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | DR. SIROZ BOSAVI | PROFESSOR | ASM | | ASM | ASM | ASM | ASM | ASM | ASM | ASM | ASM | ASM | ASM | ASM | CL | | CL | CL | ASM | ASM | ASM | ASM | | ASM | ASM | ASM | ASM | ASM | ASM | | | |
| 2 | DR. P. ANIL KUMAR | ASSO. PROF | PAN | | PAN | PAN | PAN | PAN | PAN | PAN | PAN | PAN | PAN | PAN | PAN | PAN | | PAN | PAN | PAN | PAN | PAN | PAN | | PAN | PAN | PAN | CL | CH | CL | | | |
| 3 | MR. U. RAVI KUMAR | ASST. PROF | ER | | SL | SL | OH | ER | ER | ER | ER | ER | ER | ER | ER | ER | | ISL | ER | ER | ER | ER | ER | | ER | ER | ER | ER | ER | ER | | | |
| 4 | DR. E. RAVITHEJA | ASST. PROF | ER | | CL | ER | ER | ER | ER | ER | ER | CL | ER | ER | ER | FRI | | CL | ER | ER | ER | ER | ER | | CL | ER | ER | ER | ER | ER | | | |
| 5 | MR. CH. MAHESWARA RAO | ASST. PROF | NR | | CL | NR | NR | NR | NR | NR | NR | NR | NR | NR | NR | CL | | CL | NR | NR | NR | NR | NR | | CL | NR | NR | NR | NR | NR | | | |
| 6 | DR G. DINESH | TUTOR | D | | D | D | D | D | D | D | D | D | D | CL | D | D | | D | D | D | D | D | D | | D | D | D | D | CH | D | | | |
| | Sign Of Principal | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Name of the Office: GEMS COLLEGE BIOCHEMISTRY

# Attendance Register

Month: APRIL
Year: 2017

| S. No. | NAME | Designation | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Remarks |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | DR. CH. RATNA KUMAR MD | Professor & HOD | RH | | RH | RH | | RH | RH | RH | | RH | RH | RH | RH | | RH | | | | | | | | | | | | | | | | |
| 2 | Dr. M B C R NAIDU MSc PhD | Asso Professor | M | | M | M | M | | | M | M | M | M | M | M | | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | M | |
| 3 | Dr. B. JYOTCHNA DEVI MD | Asst Professor | | | | | | | | | | | | | | G | CL | | CL | | | | | | | | | | | | | | |
| 4 | Dr. THEJASWINI M MD | Asst Professor | M | S | M | M | M | M | M | M | S | M | M | M | M | O | M | S | M | M | M | CL | M | M | S | M | M | M | M | M | M | S | |
| | | | L | N | | | | | | | N | | | | | D | | N | | | | | | | N | | | | | | | N | |
| | | | D | D | | | | | | | D | | | | | F | | D | | | | | | | D | | | | | | | D | |
| | | | A | A | | | | | | | A | | | | | R | | A | | | | | | | A | | | | | | | A | |
| 5 | Mrs. CH. KIRAN MAI MSc (M) | Tutor | Y | Y | | EL | EL | EL | EL | EL | Y | EL | EL | | | D | Y | Y | | | | | | Y | | | | | | | | Y | |
| | | | | | | | | | | | | | | | | A | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | Y | | | | | | | | | | | | | | | | | |
| 6 | Mrs. J C SWARNA LATHA MSc (M) | Tutor | JC | | JC | JC | JC | OH | JC | JC | | JC | JC | JC | JC | | JC | | JC | JC | JC | JC | JC | | JC | JC | JC | JC | JC | | JC | JC | |
| | | | | | | | | | | | | CL | | | | | | | | | | | | | | | | | | | | | |
| 7 | Dr. S. CHANDRA MOLI MBBS | Tutor | CM | | | | | | | | | CL | CM | CM | CM | | CM | | CM | CM | CM | CM | CM | CM | | CM | CM | CM | CM | CM | | CM | CM | |
| | Signature of the HOD | | RH | | RH | RH | | RH | RH | RH | | RH | RH | RH | RH | | RH | | | | | | | | | | | | | | | | |
| | Signature of the Principal | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Name of the Office: DEPARTMENT OF PHYSIOLOGY
GEMS MEDICAL COLLEGE

# Attendance Register

Month: APRIL
Year: 2017

| S. No. | NAME | Designation | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Remarks |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | Dr G. PARVATHI | Professor & HOD | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | | |
| 2 | Dr N SRINIVASARAGAVAN | Asso Professor | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | | |
| 3 | Dr R HAVILAH TWINKLE | Asst Professor | P | P | P | OH | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | | |
| 4 | Dr PRATIMA D KHATAKE | Asst Professor | P | P | P | P | P | P | P | P | EL | P | EL | EL | EL | CL | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | | |
| 5 | Dr BHARGAV AKIRI | TUTOR | AB | P | AB | AB | OH | AB | AB | AB | P | AB | AB | AB | AB | G | AB | P | CL | AB | AB | AB | AB | AB | P | AB | AB | AB | AB | AB | P | AB | | |
| 6 | Dr V SUNITHA | TUTOR | P | SUNDAY | P | P | P | P | P | P | SUNDAY | P | P | P | P | GOOD FRIDAY | CL | SUNDAY | P | P | P | P | P | P | SUNDAY | P | P | P | P | P | SUNDAY | P | | |
| | SIGNATURE OF HOD | | P | | P | P | P | P | P | P | | P | P | P | P | | P | | P | P | P | P | P | P | | P | V | P | P | P | | P | | |
| | SIGNATURE OF PRINCIPAL | | P | | P | P | P | P | P | P | | P | P | P | P | | P | | P | P | P | P | P | P | | P | P | P | P | P | | P | | |

Name of the Office: PHARMACOLOGY

# Attendance Register

Month: APRIL
Year: 2017

| S. No. | NAME | Designation | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1. | Dr. A.K. MISRA | Prof-HOD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. | Dr. M. INDIRA KUMARI | Professor | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. | Dr. V. SUDERSAN | Asso-Prof | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. | Dr. BAPUGOUDA PATIL | Asst-Prof | | SUNDAY | | | | | | | SUNDAY | | | | | GOOD FRIDAY | | SUNDAY | | | | | | | SUNDAY | | | | | | | SUNDAY | |
| 5 | Dr. D. RAJESH | Asst-Prof | | DAY | | | | | | | DAY | | | | | | | DAY | | | | | | | DAY | | | | | | | DAY | |
| 6. | Mrs. G. NEERAJA RANI | Tutor | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Signature of the HOD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Signature of the principal | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Name of the Office: GEMS & HOSPITAL
DEPARTMENT OF MICROBIOLOGY

# Attendance Register

Month: APRIL
Year: 2017

| S. No. | NAME | Designation | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Remarks |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 01 | Dr P. KADHA MD | Professor & HOD | P | | P | P | P | P | P | P | | P | P | P | CL | P | P | P | P | P | P | P | P | P | SL | SL | SL | P | P | P | | | |
| 02 | Dr I. JYOTHI PARMAJA MD | Professor | | | EL | — | — | — | — | — | — | — | — | — | — | — | — | — | | | | | | | | | | | | | | | |
| 03 | Dr K. SRIDHAR MD | Asso. Prof | P | | P | P | P | P | P | P | | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | | | |
| 04 | Dr B. KADHIKA MD | Asst Prof | P | | P | P | P | P | P | P | | CL | P | P | P | GOOD FRIDAY | P | P | P | P | P | P | P | P | SL | SL | SL | P | P | P | | | |
| 05 | Mr P. BALA CHANDRA SEKHAR MSc | Asst Prof | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | | | |
| 06 | Dr G. SRIDHAR | TUTOR | S | SUNDAY | S | S | S | S | S | S | SUNDAY | S | S | S | S | S | S | S | S | S | S | S | S | S | SUNDAY | S | S | S | S | SUNDAY | | | |
| 07 | Dr J. VENU GOPAL | TUTOR | A | | A | A | A | A | CL | A | | A | A | A | A | A | A | A | A | A | A | A | A | A | A | A | A | A | A | A | | | |
| | Signature of HOD | | P | | P | P | P | P | P | P | | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | | | |
| | Signature of Principal | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Name of the Office: GEMS, Rajahmundry

# Attendance Register PATHOLOGY

Month: APRIL
Year: 2017

| S. No. | NAME | Designation | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Remarks |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Dr. J. PARAMESWARI | Prof. HOD | | | | | | | L | | | | | | | | | | L | | | | | | | | | | | | | | | LEAVE |
| | Dr. DILIP HARI MANDKE | Professor | P | P | P | P | P | P | L | | P | | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | |
| | Dr. E. GIRI KUMAR | Asso. Prof | CL | CL | CL | CL | CL | CL | CL | | CL | | CL | CL | CL | CL | CL | CL | CL | CL | CL | CL | CL | CL | CL | CL | CL | CL | CL | CL | CL | CL | CL | |
| | Dr. P. JOGI NAIDU | Asst. Prof | P | P | P | P | P | P | P | | P | | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | |
| | Dr. M. SHAMILI | Asst. Prof | P | P | L | P | P | P | P | | P | | P | P | P | P | P | L | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | |
| | Dr. G. SANTOSH SHANKAR | Asst. Prof | P | P | P | P | P | P | P | | P | | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | |
| | Dr. P. SOMA SEKHAR | Asst. Prof | P | P | P | P | P | P | P | | P | | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | |
| | Dr. H. SWETHA | Asst. Prof | P | P | P | P | P | P | P | | P | | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | |
| | Dr. K. VENKATESWARA RAO | Tutor | P | P | P | P | P | P | P | | P | | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | |
| | Dr. K. VENKATESH | Tutor | P | P | P | P | P | P | P | | P | | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | |
| | Dr. P. RAMA CHAITANYA | Tutor | P | P | P | P | P | P | P | | P | | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | |
| | Dr. K. SINDHURA | Tutor | P | P | P | P | P | P | P | | P | | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | |
| | Signature of HOD:- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Signature of Principal:- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Name of the Office: Great Eastern Medical School & Hospital

# Attendance Register FORENSIC MEDICINE

Month: April-
Year: 2017

| S. No. | NAME | Designation | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Remarks |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | Dr. SUJAN K MOHANTY | Assistant Professor | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Date of Joining - 27/4/2017 |
| 2 | Dr T. NARENDRA | Assistant Professor | DN | | TN | DN | DN | DN | BN | BN | | BN | BN | BN | BN | | CN | | BN | BN | BN | BN | BN | CL | | BN | BN | BN | BN | BN | BN | | | |
| 3 | Dr. B. JEEVESWAR RAO | Assistant Professor | X | | X | X | X | X | X | X | | X | X | X | X | | X | | X | X | X | X | X | X | | X | X | X | CL | CH | X | | | |
| 4 | Dr. K. DHARMATEJ RAJU | Tutor | TBN | | TBN | TBN | TBN | TBN | TBN | TBN | | TBN | TBN | TBN | TBN | | TBN | | TBN | TBN | TBN | TBN | TBN | TBN | | TBN | TBN | CL | TBN | TBN | TBN | | | |
| 5 | Dr. P. PRATEEK | Tutor | X | | X | X | X | X | X | X | | X | X | X | X | | X | | X | X | X | X | X | X | | X | X | X | X | X | X | | | |
| | Signature of the HOD | | Sunday | | X | X | X | X | X | X | Sunday | X | X | X | X | Good Friday | X | Sunday | X | X | X | X | X | X | | X | X | X | X | X | X | Sunday | | | |
| | Signature of the Principal | | | | | | | | | | | | | | | | | | | | | | | | Sunday | | | | | | | | | | |

Name of the Office ENT

# Attendance

# Register

Month APRIL
Year 2017

| S. No. | NAME | Designation | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Remarks |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Professor & HOD | | S | | | | | | | S | | | | | PH | | S | | | | | | | S | | | | | | S | | |
| 1. | Dr. R.K Mishra | | RK | RK | RK | RK | RK | RK | RK | RK | RK | | RK | RK | RK | RK | RK | RK | RK | RK | RK | RK | CL | RK | RK | RK | RK | RK | RK | RK | RK | RK | |
| | | Associate professor | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. | Dr. P.B. Kameswara Rao | | B | B | B | B | B | B | B | | B | | B | B | CL | | B | | B | B | B | B | B | B | B | B | B | B | B | B | B | | |
| 3. | Dr. S. Rama krishna Rao | | SK | SK | SK | SK | SK | SK | SK | | SK | | CL | SK | SK | | SK | | SK | SK | SK | SK | SK | SK | SK | SK | SK | SK | SK | SK | SK | | |
| | | Assistant professor | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. | Dr. P Rajeswara Rao | | BR | BR | BR | BR | BR | BR | BR | | BR | | BR | BR | BR | | BR | CL | BR | BR | BR | BR | BR | BR | BR | BR | BR | BR | BR | BR | BR | | |
| 5. | Dr. P pradeep kumar | | P | P | P | P | P | P | P | | P | | P | P | CL | | P | | P | P | P | P | P | P | P | P | P | P | P | P | P | | |
| | | Sr. Resident | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. | Dr. M. Chakradhar | | M | M | M | M | M | M | M | | M | | M | M | M | | M | | M | M | M | M | M | M | M | M | M | M | M | M | M | | |
| 7. | Dr. L. Sreepriya | | C | C | C | C | C | C | C | | C | | C | C | C | | C | | C | C | C | C | CL | C | C | C | C | C | C | C | C | | |
| 8. | Dr. S. Raghu | | R | R | R | R | R | R | R | | R | | R | R | CL | | R | | R | R | R | R | R | R | R | R | R | R | R | R | R | | |
| 9. | Dr. K. Srikanth | | S | S | S | S | S | S | S | | S | | S | S | S | | S | | S | S | S | S | S | CL | S | S | S | S | S | S | S | | |
| 10. | Dr. K. Lali Naidu | | Q | Q | Q | Q | Q | Q | Q | | Q | | CL | Q | Q | | Q | | Q | Q | Q | Q | Q | Q | Q | Q | Q | Q | Q | Q | Q | | |
| | | Sign of the HOD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Sign of the principal | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Name of the Office .. Ophthalmology ..

# Attendance

# Register

Month April
Year 2017

| S. No. | NAME | Designation | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Remarks |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Professors | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. | Dr. K. Padma Raju | HOD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. | Dr. J. P. Behera | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Assistant Professors | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. | Dr. K. L. Naidu | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. | Dr. Anand Reddi | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. | Dr. M. Vasudeva Rao | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. | Dr. B. Sudhira | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7. | Dr. P. Srikanthi | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Sr. Resident | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8. | Dr. Ch. Veerumurthy | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9. | Dr. Ramesh Kanth | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10. | Dr. B. Balakrishna | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Sign of the HOD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Sign of the Principal | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

aditya

Name of the Office: Great Eastern Medical School & Hospital

# Attendance Register

KAGOLU, Srikakulam

COMMUNITY MEDICINE

Month: April
Year: 2017

| S. No. | NAME | Designation | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Remarks |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Dr. J K. PATNAIK | Prof & HOD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Dr. DHANANJAYA SHARMA | Professor | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Dr. P. MOHANA RAO | Asso Prof | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Dr. SUBRATA KUMAR PALO | Asso Prof | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Dr. PRABATH AMBUR KAR | Asst Prof | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Dr. JYOTHI MARKAM | Asst Prof | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Resigned on 31/4/17 |
| | Dr. MERAJ MUSTAFA AUSAVI | Asst Prof | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Dr. AKSHAY H. SALGAR | Asst Prof | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Dr. SAMINA M. AUSVI | Asst Prof | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Dr. M. KALYANI | Asst Prof | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Mr. MURALI MOHANA RAO | Statistician | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Dr. B.J. PRASAD | Tutor | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Dr. RAMA DAS NAIK. | Tutor | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Dr. CH. SUDHEER | Tutor | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Signature of the Head of the department | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Signature of the principal | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

SUNDAY — SUNDAY — SUNDAY — SUNDAY — SUNDAY

Good Friday

Name of the Office: Great Eastern Medical school & Hospital, Ragolu, Srikakulam

# Attendance Register

URBAN HEALTH TRAINING CENTRE

Month: April
Year: 2017

| S. No. | NAME | Designation | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Remarks |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Dr. MERAT M. BUSAVI | Asst Prof. | P | | P | P | P | P | P | P | | P | P | P | P | P | P | | P | P | P | P | P | CL | | P | P | P | P | P | | | |
| | Dr. K. SAHAJA | LMO | P | | P | P | P | P | P | P | | P | P | P | P | P | P | | P | P | P | P | P | P | | P | P | P | P | P | | | |
| | Signature of HOD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | SUNDAY | | | | | | | SUNDAY | | | | | GOOD FRIDAY | | SUNDAY | | | | | | SUNDAY | | | | | | | SUNDAY | | |
| | Signature of the principal. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Name of the Office: Great Eastern Medical School & Hospital Ragolu, Srikakulam.

# Attendance Register

RURAL HEALTH TRAINING CENTRE

Month: APRIL
Year: 2017

| S. No. | NAME | Designation | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Remarks |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Dr. AKSHAY H SALGAR | Asst Prof | P | | P | P | P | P | P | P | | | P | P | P | | CL | P | P | P | P | P | P | | P | P | P | CL | P | P | | | |
| | Dr. KRISHNAVENI | LHO | W | | W | W | W | W | W | W | | W | W | W | W | W | W | W | W | W | W | W | W | W | W | W | W | W | W | W | | | |
| | Signature of the HOD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Signature of the principal | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

SUNDAY SUNDAY Good Friday SUNDAY SUNDAY SUNDAY

Name of the Office: Govt. Gen. Hospital, Rajole, Srikakulam

# Attendance Register — General Medicine

Month: April
Year: 2017

| S. No. | NAME | Designation | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Dr. Vinlavasimha Moorthy | Professor | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Dr. Gagan Bihari Behera | " | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Dr. M. Madhusudhan Rao | " | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Dr. K. Sudheer | Asso Prof | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Dr. M. Malleswara Rao | " | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Dr. D. Govind | Asst Prof | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Dr. Ch. Shankara Rao | " | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Dr. Sirisha priya Vasanthi | " | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Dr. T. Venugopal | " | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Dr. B. Annaji Rao | " | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Dr. B. Dandapani | " | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Dr. D. Sudheer | " | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Dr. P. Sridevi | " | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Dr. D. Sunitha | " | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Dr. Y. Siva Sankar | " | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

S U N D A Y — G O O D F R I D A Y — S U N D A Y — S U N D A Y

VENUS

Name of the Office: Govt. Gen. Hospital, Srikakulam

# Attendance

# Register General Medicine

Month: April
Year: 2017

| S. No. | NAME | Designation | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Dr. S. Chandra Sekhar | Sr Resident | Sch | | Sch | Sch | Sch | Sch | Sch | Sch | • | Sch | Sch | Sch | Sch | Sch | Sch | Sch | Sch | Sch | Sch | Sch | Sch | Sch | Sch | Sch | Sch | Sch | Sch | Sch | Sch |
| | Dr. D. Vidya Sagar | " | Sg | | Sg | Sg | Sg | Sg | Sg | Sg | S | Sg | Sg | Sg | Sg | O | Sg | Sg | Sg | Sg | Sg | Sg | Sg | Sg | Sg | Sg | Sg | Sg | Sg | Sg | Sg | Sg | Sg |
| | Dr. B. Suresh Kumar | " | Sch | U | Sch | Sch | CL | Sch | Sch | Sch | U | Sch | Sch | Sch | Sch | D | U | Sch | Sch | Sch | Sch | Sch | Sch | U | Sch | Sch | Sch | Sch | Sch | Sch | U | Sch |
| | Dr. G. Raja Sekhar Reddy | " | Rg | N | Rg | Rg | Rg | Rg | Rg | Rg | D | Rg | Rg | Rg | Rg | E | Rg | N | D | Rg | Rg | Rg | Rg | Rg | N | D | Rg | Rg | Rg | Rg | Rg | N | D |
| | Dr. A. Ashok Kumar | " | AK | A | AK | AK | AK | CL | AK | AK | A | AK | AK | AK | AK | A | AK | A | A | AK | AK | AK | AK | AK | A | AK | AK | AK | AK | AK | AK | A | AK |
| | Dr. T.V. Pradeep Kumar | " | Kpk | | Kpk | Kpk | Kpk | Kpk | Kpk | Kpk | | Kpk | Kpk | Kpk | Kpk | | Kpk | Kpk | Kpk | Kpk | CL | Kpk | Kpk | | Kpk | Kpk | Kpk | Kpk | Kpk | | | |
| | Dr. M. Vijaya Laxmi | " | CL | | VL | VL | VL | VL | VL | VL | | VL | VL | VL | VL | | VL | VL | VL | VL | VL | VL | VL | | VL | VL | VL | VL | VL | | | |
| | Sig of HOD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Sig of Principal | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Name of the Office: Govt. of HOSPITAL, Tekkali, Srikakulam

# Attendance

# Register T.B & Chest

Month: April
Year: 2017

| S. No. | NAME | Designation | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Dr. T. Nanmadu Rao | Professor | Le | | Le | Le | Le | Le | Le | Le | | Le | Le | Ch | Le | | Le | Le | Le | Le | Le | Le | Le | | Le | Le | Le | SL | SL | SL | | |
| | Dr G Claudia Sekhar | Asst Prof | Ch | | Ch | Ch | Ch | Ch | Ch | Ch | | Ch | Ch | Ch | Ch | GOOD FRIDAY | Ch | Ch | Ch | Ch | Ch | Ch | Ch | | Ch | Ch | Ch | Ch | Ch | Ch | | |
| | Dr. K. Srinivasa Rao | Sr Resident | Si | SUNDAY | Si | Si | Si | CL | Si | Si | SUNDAY | Si | Si | Si | Si | | Si | SUNDAY | Si | Si | Si | Si | Si | SUNDAY | Si | Si | Si | Si | Si | Si | SUNDAY | |
| | Dr. P. Chandan | " | Ch | | Ch | Ch | Ch | Ch | Ch | Ch | | | Ch | Ch | Ch | | Ch | | Ch | Ch | Ch | Ch | Ch | | | Ch | Ch | Ch | Ch | Ch | | |
| | Dr. P. Tirupathi Rao | " | L | | L | L | L | L | L | L | | L | L | L | L | | L | | L | L | L | L | L | | L | L | L | L | L | L | | |
| | Sig of the HOD | | Le | | Le | Le | Le | Le | Le | Le | | Le | Le | Ch | Le | | Le | Le | Le | Le | Le | Le | Le | | Le | Le | Le | Ch | Ch | Ch | | |
| | Sig of the Principal | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

VENUS

Name of the Office: Govt. G. Hospital, Rajahmundry, Srikakulam

# .Attendance Register Psychiatry

Month: April
Year: 2017

| S. No. | NAME | Designation | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Dr. D. Satya narayana | Asso Prof | | | | | | | | | | | | | | HOLIDAY | | | | | | | | | | | | | | | | | |
| | Dr. RVR Abhinaya | Asst Prof | | SUNDAY | | | | | | | | SUNDAY | | | | HOLIDAY | | SUNDAY | | | | | | | | SUNDAY | | | | | | | SUNDAY |
| | Dr. N. Surya Kumari | Sr Resid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Sig of The HOD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Sig of the Principal | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

VENUS

Name of the Office: Govt. ENT Hospital, Pagolu, Srikakulam

# Attendance Register Dermatology

Month: April
Year: 2017

| S. No. | NAME | Designation | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Dr. J. Vijaya Shree | Professor | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Dr. V. Anand | Asst Prof | A | | | | | | | | | A | | | | | | | | | | | | | | | | | | | | | |
| | Dr. Monica Panda | " | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | S | | | | | | | S | | | | | | S | | | | | | | S | | | | | | S | | |
| | | | | U | | | | | | | U | | | | | F | U | | | | | | | U | | | | | | O | | |
| | | | | N | | | | | | | N | | | | | R | N | | | | | | | N | | | | | | N | | |
| | Dr. D. Gopi Chand | Sr Asst Prof | D | | | | | | | | D | | | | | D | D | | | | | | | D | | | | | | D | | |
| | | | A | | | | | | | | A | | | | | A | A | | | | | | | A | | | | | | A | | |
| | Dr. A. Sukasini | " | Y | | | | | | | | Y | | | | | Y | Y | | | | | | | Y | | | | | | Y | | |
| | Sig of the HOD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Sig of the Principal | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

VENUS

Name of the Office ... GENERAL SURGERY

# Attendance Register

Month ... Apr.
Year ... 2017

| S. No. | NAME | Designation | 1 | 2 S | 3 | 4 | 5 | 6 | 7 | 8 | 9 S | 10 | 11 | 12 | 13 | 14 | 15 | 16 S | 17 | 18 | 19 | 20 | 21 | 22 | 23 S | 24 | 25 | 26 | 27 | 28 | 29 | 30 S | 31 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | PROFESSORS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Dr. S.V. Satyanarayana Rao | Prof & Hod | G | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Dr. Sudhir Nanaji Vaishalive | Prof | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Associate professors | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Dr. B. Mallayya | | | | | | | | | | | | | | | GODFRIDAY | | | | | | | | | | | | | | | | | |
| | Dr. G. Rahul Kumar reddy | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Dr. T. Rudra prasad Reddy | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Dr. Sanjay Kumar Maharana | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Asst. professor | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Dr. B. Viseeswara Rao | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Dr. G. Someswara Rao | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Dr. K. Uma maheswara Rao | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Dr. M. Narendranath | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Dr. Hariprasad Rao | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Dr. G. Venkata Ramana | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Late 5

VENUS

Name of the Office ..... GENERAL SURGERY

# Attendance Register

Month ..... April
Year ..... 2017

| S. No. | NAME | Designation | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
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| | | | | S | | | | | | | S | | | | | | | S | | | | | | | S | | | | | | S | |
| | Dr. T. Laxman Rao | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Dr. Rajat Kumar Patra | | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | L | P | P | P | P | P | P | P | P |
| | Dr. Sanjay Namadar | | SN | SN | SN | SN | SN | SN | SN | SN | SN | SN | SN | SN | SN | SN | SN | SN | SN | SN | SN | SN | SN | SN | SN | L | L | SN | SN | SN | SN | SN | SN |
| | Dr. Bhanu murthy | | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P |
| | SENIOR RESIDENT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Dr. G. vara prasad Rao | | GP | GP | GP | GP | GP | GP | GP | GP | GP | GP | GP | GP | GP | CL | GP | GP | GP | GP | GP | GP | GP | GP | GP | GP | GP | GP | GP | GP | GP | GP | GP |
| | Dr. V. Premnath. | | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P |
| | Dr. G. Dinesh | | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P |
| | Dr. R. Ganapathi | | R | R | R | R | CL | R | R | | | | R | R | R | R | R | R | R | R | R | R | R | R | R | R | R | R | R | R | R | R | R |
| | Dr. V. Vinod. | | W | W | W | W | W | W | W | W | W | W | W | W | W | W | W | W | W | W | W | W | W | W | W | L | L | W | W | W | W | W | W |

GOOD FRIDAY

VENUS

Name of the Office ... GENERAL SURGERY

# Attendance Register

Month ... April
Year ... 2017

| S No. | NAME | Designation | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | S | | | | | | | S | | | | | | | S | | | | | | | S | | | | | | S | |
| | Dr. P. Vamsi Krishna | | PV | | PV | PV | | | PV | PV | | PV | PV | PV | | | PV | | PV | | | PV | PV | | PV | PV | PV | PV | PV | | PV | PV |
| | [illegible] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Counter Signature of HOD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Counter Signature of principal. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Good Friday

VENUS

Name of the Office ..... ORTHOPAEDICS .....

# Attendance Register

Month ..... April .....
Year ..... 2017 .....

| S. No. | NAME | Designation | 1 | 2 S | 3 | 4 | 5 | 6 | 7 | 8 | 9 S | 10 | 11 | 12 | 13 | 14 | 15 | 16 S | 17 | 18 | 19 | 20 | 21 | 22 | 23 S | 24 | 25 | 26 | 27 | 28 | 29 | 30 S | 31 | Remarks |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | PROFESSORS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Dr. Y. Subba Reddy | Prof / Hod | | | | | | | | | | | | | | | | | CL | | | | | | | | | | | | | | | |
| | Dr. M. Ambedkar | Professor | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Associate professors | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Dr. B. Kamala Rao | | | | | | | | | | | | | | | | | | CL | | | | | | | | | | | | | | | |
| | Dr. Y. Ramesh | | | | | | | | CL | | | | | | | | | | | | | | | | | | CL | | | | | | | |
| | Asst. professors | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Dr. A. Siva prasad | | | | | | | | | | | | | CL | | | | | | | | | | | | | | | CL | | | | | |
| | Dr. G. Vidya sagar | | | | | | | CL | | | | | | | | | | | | | | | | | | | CL | | | | | | | |
| | Dr. N. Anil Kumar | | | | | CL | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Dr. N. Sandeep | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Dr. T. Ranganath | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Dr. J Tata Rao | | — | | | | | | | | | | | | | | | CL | | | | | | | | | | | | | | | |

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Name of the Office ..... ORTHOPAEDICS .....

# Attendance

# Register

Month ..... April .....
Year ..... 2019 .....

| S. No. | NAME | Designation | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Remarks |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | SENIOR RESIDENT | | | S | | | | | | | S | | | | | | | | S | | | | | | S | | | | | | S | | |
| | Dr. S. Siva Shankarayya | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Dr. V.S. Lakshminarayana | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Dr. A. Srinivasulu | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Dr. Sai Phani Chandra | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Dr. [illegible] Signature of HOD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Signature of Principal | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Good Friday

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ANAESTHESIA DEPT

Name of the Office: GEMS HOSPITAL, RAGOLU, SRIKAKULAM (DT)

# Attendance Register

Month: APRIL
Year: 2017

| S. No. | NAME | Designation | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | PROFESSORS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. | Dr. K. SUDHAKARA RAO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. | Dr. CH. SIDHARATHA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | ASSOCIATE PROFESSORS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. | Dr. CH. SUMANTH NARAYANA RAO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. | Dr. P. K. MISHRA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. | Dr. PADMA GIRIJA SHEKHARAM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | ASSISTANT PROFESSORS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. | Dr. N. APPALA RAJU | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. | Dr. K. BALA KRISHNA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. | Dr. PRIYANKA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. | Dr. B. RAVINDRA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. | Dr. M. RAGHU PRAVEEN KUMAR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. | Dr. E. GIRISHA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | SR. RESIDENTS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. | Dr. P. VENUGOPALAM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. | Dr. H. VASUDEVA RAO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. | Dr. JAGADESH OMKAR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. | Dr. V. PRAVEEN KUMAR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. | Dr. Y. Hari Kiran | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. | Dr. P. lalitha | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | SIGN OF THE H.O.D | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | SIGN OF THE PRINCIPAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

VENUS

Name of the Office GEMS & HOSPITAL
Radio-diagnosis

# Attendance

# Register

Month APRIL
Year 2017

| S. No. | NAME | Designation | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Dr. N. Giridhar Gopal | Prof & HOD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Dr. V. Rajinikanth Rao | Professor | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Dr. Ananth Madhukar Rao | Professor | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Dr. L. Shyam Tekchand | Asst. prof | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Dr. M. Rupesh | Asst. prof | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Dr. Ch. Sirisha | Asst. prof | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Dr. G. Haritha | Asst. prof | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Dr. Sreetha Reddy | Asst. prof | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Dr. Satyanarayana Reddy | Asst. prof | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Dr. Sesham Babu Rao | Sr/Res | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Dr. B. Lava kumar | Sr/Res | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

VENUS

Name of the Office: Grate Eastern Medical School, Radio-diagnosis

# Attendance Register

Month: April
Year: 2017

| S. No. | NAME | Desig-nation | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | |
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| | Dr. Y. Pawan Rao | Pr | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | P | | | | | | | | | | | | | | | Relieved on 18.4.17 |
| | Dr. A. Sumithra Devi | S/r | L | L | L | L | L | L | L | L | L | L | L | L | L | L | L | L | L | L | L | L | L | L | L | L | L | L | L | L | L | L | L | |
| | Dr. B. Sushma | S/r | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | |
| | Dr. Niharika | S/r | W | W | W | W | W | W | W | W | W | W | W | W | W | W | W | W | W | W | W | W | W | W | W | W | W | W | W | W | W | W | W | |
| | Signature of HOD | | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | S | |
| | Signature of Principal | | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | |

VENUS

Name of the Office .....CSE(DS).....

# Attendance Register

Month ....April.....
Year .....2017.....

| S. No. | NAME | Designation | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Professor | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01 | Dr. Tripura Sundaramba | | AS | | AS | AS | AS | AS | AS | AS | | AS | AS | AS | AS | | AS | CL | AS | AS | AS | AS | | AS | AS | AS | AS | AS | AS | | | | |
| 02 | Dr. N. Bhaskara Rao | | | S | | | | | | | S | | | | | G | | S | | | | | | | S | | | | | | S | | |
| | Associate Professor | | | U | | | | | | | U | | | | | O | | U | | | | | | | U | | | | | | U | | |
| 01 | Dr. CH. Rambabu | | CL | N | CL | CL | H | CL | CL | | N | | CL | | | O | | | CL | CL | | | CL | N | CL | CL | | CL | CL | | N | | |
| 02 | Dr. Jasmina Begum | | | D | | | | | | | D | | | | | F | | D | | | | | | | D | | | | | | D | | |
| | | | | A | | | | | | | A | | | | | I | | A | | | | | | | A | | | | | | A | | |
| 03 | Dr. D. Sridhar | | DS | Y | DS | DS | DS | DS | DS | CL | Y | DS | DS | DS | DS | D | DS | Y | DS | DS | DS | DS | DS | DS | Y | DS | DS | DS | DS | DS | DS | Y | | |
| | | | | | | | | | | | | | | | | A | | | | | | | | | | | | | | | | | | |
| | Assistant Professor | | | | | | | | | | | | | | | Y | | | | | | | | | | | | | | | | | | |
| 01 | Dr. D. harshavalli | | DH | | DH | DH | DH | DH | DH | DH | | DH | DH | DH | DH | | DH | CL | DH | DH | DH | DH | | DH | DH | DH | DH | DH | DH | | | | |
| 02 | Dr. m. mohana Rao | | mR | | mR | mR | mR | mR | mR | mR | | mR | mR | mR | mR | | mR | CL | mR | mR | mR | mR | | mR | mR | mR | mR | mR | mR | | | | |
| 03 | Dr. m. swarnalatha | | SL | | SL | SL | SL | SL | SL | SL | | SL | SL | SL | SL | | SL | CL | SL | SL | SL | SL | | SL | SL | SL | SL | SL | SL | | | | |
| 04 | Dr. S. Sahaja | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 05 | Dr. B. N. L. Sravanthi Bala | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

VENUS

Name of the Office ..... CBSG .....

# Attendance Register

Month ..April.....
Year .....2017.....

| S. No. | NAME | Designation | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 06 | Dr. I. Sai Samyukta | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 07 | Dr. G. Swarnalatha Sr. Resident | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01 | Dr. P. Swarnalatha | | | S | | | | | | | S | | | | | G | | S | | | | | | S | | | | | | S | | |
| | | | | U | | | | | | | U | | | | | O | | U | | | | | | U | | | | | | U | | |
| 02 | Dr. P. Madhumika | | | | | | | | | | | | | | | O | | | | | | | | | | | | | | | | |
| | | | | N | | | | | | | N | | | | | | | N. | | | | | | N | | | | | | N | | |
| | | | | D | | | | | | | | | | | | D | | | | | | | | | | | | | | | | |
| 03 | Dr. B. Soumya | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | A | | | | | | | A | | | | | A | | A | | | | | | A | | | | | | A | | |
| 04 | Dr. Lakshmi Lalitha | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | Y | | | | | | | Y | | | | | D | | Y | | | | | | Y | | | | | | Y | | |
| | | | | | | | | | | | | | | | | A | | | | | | | | | | | | | | | | |
| | Signature of HOD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Signature of Principal | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

VENUS

Name of the Office: GEMS HOSPITAL RAGOLU SRIKAKULAM

# Attendance Register

PAEDIATRICS DEPT

Month: APRIL

Year: 2017

| S. No. | NAME | Designation | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Remarks |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | PROFESSOR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. | Dr. M ANIL MOHAN | | Am | | Am | Am | Am | CL | Am | Am | | Am | Am | Am | Am | | Am | | Am | Am | Am | Am | Am | Am | | Am | Am | Am | Am | Am | Am | | | |
| | ASSOCIATE PROFESSORS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. | Dr. CH. SANTHA RAM | | OD | | OD | OD | OD | OD | OD | OD | | OD | OD | OD | CL | | OD | | OD | OD | OD | OD | OD | OD | | OD | OD | OD | OD | OD | OD | | | |
| 2. | Dr. S. JYOTHI PRAKASH RAJU | | FN | | FN | FN | FN | FN | FN | FN | | FN | FN | FN | FN | | CL | | FN | FN | FN | FN | FN | FN | | FN | FN | FN | FN | FN | FN | | | |
| | ASSISTANT PROFESSORS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. | Dr. V. SRIRAMA MURTHY | | AN | | AN | AN | AN | AN | AN | AN | | AN | AN | AN | AN | | AN | | AN | AN | AN | CL | AN | AN | | AN | AN | AN | AN | AN | AN | | | |
| 2. | Dr. N VIJAY KUMAR | | VK | | VK | VK | VK | VK | VK | VK | | VK | VK | VK | VK | | VK | | VK | VK | VK | VK | VK | VK | | VK | VK | VK | VK | CL | VK | | | |
| 3. | Dr. N.V. DASARWAR | | N | | N | N | N | N | N | N | | N | N | N | W | | W | | N | N | N | N | N | CL | | N | N | N | N | N | N | | | |
| 4. | Dr. M. POLAYYA | | M | | M | M | M | M | M | M | | CL | M | M | M | | M | | M | M | M | M | M | M | | M | M | M | M | M | M | | | |
| 5. | Dr. K. MADHAVI | | Kam | | Kam | Kam | Kam | Kam | Kam | Kam | | Kam | Kam | Kam | Kam | | Kam | | Kam | Kam | Kam | Kam | Kam | CL | | Kam | Kam | Kam | Kam | Kam | Kam | | | |
| | SR. RESIDENTS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. | Dr. K. DILEEP KUMAR | | DK | | DK | DK | DK | DK | DK | DK | | DK | DK | DK | DK | | DK | | DK | DK | DK | DK | DK | DK | | DK | DK | DK | CL | DK | DK | | | |
| 2. | Dr. K. VINOD KUMAR | | VK | | VK | VK | VK | VK | VK | VK | | VK | VK | VK | VK | | VK | | VK | VK | VK | VK | CL | VK | | VK | VK | VK | VK | VK | VK | | | |
| 3. | Dr. B.V.L. NARASIMHARAO | | BVL | | BVL | BVL | BVL | BVL | BVL | BVL | | BVL | BVL | BVL | CL | | BVL | | BVL | BVL | BVL | BVL | BVL | BVL | | BVL | BVL | BVL | BVL | BVL | BVL | | | |
| 4. | Dr. CH. SUDHAKAR | | CS | | CS | CS | CS | CS | CS | CS | | CS | CS | CS | CS | | CS | | CS | CS | CS | CS | CS | CS | | CS | CS | CL | CS | CS | CS | | | |
| 5. | Dr. M. RAGHUVEERA | | MR | | MR | MR | MR | MR | MR | MR | | MR | MR | CL | MR | | MR | | MR | MR | MR | MR | MR | MR | | MR | MR | MR | MR | MR | MR | | | |
| | SIGN OF THE H.O.D | | Am | | Am | Am | Am | SL | Am | Am | | Am | Am | Am | Am | | Am | | Am | Am | Am | Am | Am | Am | | Am | Am | Am | Am | Am | Am | | | |
| | SIGN OF THE PRINCIPAL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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