Name of the Office: GREAT EASTERN MEDICAL SCHOOL & HOSPITAL

Attendance

Register ANATOMY

Month: JULY
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. SIRAZ HUSAVI	PROFESSOR	ASM	ASM	ASM	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	ASM	ASM	ASM	
2	Dr. G.V. SIVA PRASAD	PROFESSOR	OD	OD	OD	OD	OD	OD	OD	OD	OD	OD	OD	OD	OD	OD	OD	OD	OD	OD	OD	OD	OD	OD	OD	OD	OD	OD	OD	OD	OD	OD	OD	
3	Dr. P. ANIL KUMAR	ASST. PROF	PAL	PAL	PAL	PAL	PAL	PAL	PAL	PAL	PAL	PAL	PAL	PAL	PAL	PAL	PAL	CL	CL	OD	OD	OD	OD	OD	OD	OD	PAL	PAL	PAL	PAL	PAL	PAL	PAL	
4	Mr. U. RAVI KUMAR	ASST. PROF	RL	RL	RL	RL	RL	RL	RL	RL	RL	RL	RL	RL	RL	RL	RL	RL	RL	RL	RL	RL	RL	RL	RL	RL	RL	RL	RL	RL	RL	RL	RL	
5	Dr. E. RAVITHEJA	ASST. PROF	EL	EL	EL	EL	EL	EL	EL	EL	EL	EL	EL	EL	EL	EL	EL	EL	EL	EL	EL	EL	EL	EL	EL	EL	EL	EL	EL	EL	EL	EL	EL	
6	Mr. CH. MAHESWARA RAO	ASST. PROF	MBL	MBL	MBL	MBL	MBL	MBL	MBL	MBL	MBL	MBL	MBL	MBL	MBL	MBL	MBL	CL	MBL	MBL	MBL	MBL	MBL	MBL	MBL	MBL	MBL	MBL	MBL	MBL	MBL	MBL	MBL	
7	Dr. G. DINESH	TUTOR	D	D	D	D	D	D	D	D	D	CL	D	D	D	—																		Relieved on 13/7/17
8	Dr. V. PAVANI	TUTOR	VP	VP	VP	VP	VP	W	VP	VP	VP	VP	VP	VP	VP	VP	VP	CL	CL	VP	VP	VP	VP	VP	VP	VP	VP	VP	VP	VP	VP	VP	VP	
	Signature of HOD		ASM	ASM	ASM	ASM	ASM	ASM	ASM	ASM	ASM	ASM	ASM	ASM	ASM	ASM	ASM	ASM	ASM	ASM	ASM	ASM	ASM	ASM	ASM	ASM	ASM	ASM	ASM	ASM	ASM	ASM	ASM	
	Signature of Principal																																	

Name of the Office: GEMS COLLEGE BIOCHEMISTRY

Attendance Register

Month: JULY
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																																
2.	Dr. M B C R NAIDU MSc PhD	Asso professor																																
3.	Dr. B. JYOTSHNA DEVI MD	Asst professor																																
4.	Dr. THEJASWINI M MD	Asst professor																																
5	Mrs. CH. KIRAN MAI MSc (H)	Tutor		S								S						S							S						S		
				U								U						U							U						U		
				N								N						N							N						N		
6.	Mrs. J. C SWARNA LATHA MSc (H)	Tutor		D								D						D							D						D		
				A								A						A							A						A		
				Y								Y						Y							Y						Y		
7.	Dr. S. CHANDRA MOULI MBBS	Tutor																																
8.	Dr. N. PRUTHVI RAJ MBBS	Tutor																																
	Signature of the HOD																																	
	Signature of the Principal																																	

Name of the Office: DEPARTMENT OF PHYSIOLOGY
GEMS MEDICAL COLLEGE

Attendance Register

Month: JULY
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																																
2	Dr. N. SRINIVASARAGAVAN	Asso Professor																																
3	Dr. R. HAVILAH TWINKLE	Asst Professor																																
4	Dr. PRATIMA D KHATAKE	Asst Professor																																
5	Dr. BHARGAV AKIRI.	Tutor																																
6	Dr. CH. KIRAN KUMAR	Tutor																																
7	Dr. D. RAJA	Tutor																																
	SIGNATURE OF HOD																																	
	SIGNATURE OF PRINCIPAL																																	

Name of the Office: PHARMACOLOGY

Attendance Register

Month: July
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. N. INDIRA KUMARI.	Prof-HOD																																
2.	Dr. V. SUDERSAN.	Asso. Prof																																
3.	Dr. BAPUGOUDA PATIL	Asst. Prof																																
4.	Dr. D. RAJESH	Asst. Prof																																
5.	Mrs. G. NEERAJA RAPU	TUTOR																																
6.	Dr. P. AMARNADH	TUTOR																																Relieved on 21/7/17
7.	Dr. K. GANDHI	TUTOR																																
8.	Dr. H. Jagannath DOJ 01.07.17	Tutor																																DOJ 01/7/17
	Signature of the HOD																																	
	Signature of the Principal																																	

SUNDAY

Name of the Office: GEMS & HOSPITAL
DEPARTMENT OF MICROBIOLOGY

Attendance Register

Month: JULY
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. RADHA MD	Professor & HOD	P		P	P	P	P	P	P		P	P	P	P	P	P	P	P	P	P	P	P	P	P	L	L	L	L	L	L	L	
02	Dr I. JYOTHI PADMAJA MD	Professor	P		P	P	P	P	P	CL		P	P	P	P	P	P	OD	P	P	P	P	P	P	P	P	P	P	SL	P	P	P	
03	Dr K. SRIDHAR MD	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	
04	Dr B. RADHIKA MD	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	
05	Mr P. BALA CHANDRA SEKHAR MSc	Asst. Prof	S U N D A Y								S U N D A Y							S U N D A Y							S U N D A Y						S U N D A Y	
06	Dr S. S. VIJAYASRI B MD	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	
07	Dr G. SRIDHAR	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	
08	Dr J. VENU GOPAL	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	
	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	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	P	P	P	P	

Name of the Office: RIMS, Ragolu, Srikakulam

Attendance Register PATHOLOGY

Month: July
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. Parameshwari	Prof & HOD											L									L												
	Dr. Dilip Hari Mamke	Professor	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	L	P	P	P	P	P	P	P	P	P	P	P	P	L	P	P	
	Dr. E. Giri Kumar	Asso. Prof	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	P	P	P	P	P	
	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	L	P	P	
	Dr. M. Shamili	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	L	P	P	
	Dr. G. Santosh Shankar	Asst. Prof	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	P	P	P	P	
	Dr. P. Soma Sekhar	Asst. Prof	P	P	P	P	P	P	P	P	P	L	P	P	P	P	P	P	P	P	P	P	P	P	P	L	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	L	P	P	P	P	P	P	
	Dr. K. Venkateswara Rao	Tutor	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	P	P	P	P	
	Dr. P. Rama Chaitanya	Tutor	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	P	P	
	Dr. B. Vikas	Tutor	P	P	P	P	P	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	Relieving 31-07-17
	Dr. B. Mahesh Babu	Tutor	P	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	P	
	Dr. Pramod Shinde	Asso. Prof											P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	Joining 11.07.17
	Dr. B. MANASA	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	P	P	
	Dr. A. Satish Kumar	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	P	P	DOJ 10/7/17
	Signature of the HOD																																	
	Signature of the Principal																																	

Name of the Office: GMERS & Hospital

Attendance Register Forensic Medicine

Month: JULY
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 KUMAR	Associate Professor																																
2	Dr. B. JEEVESWAR RAO	Assistant Professor																																
3	Dr. B. NARENDRA	Assistant Professor																																
4	Dr. P. GIRIDHARA RAO	Tutor																																
5	Dr. SUNIL KUMAR MAHARANA	Tutor																																
	Signature of the HOD			Sunday							Sunday								Sunday													Sunday		
	Signature of the principal																																	

Name of the Office ENT

Attendance

Register

Month JULY
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																																	
1	Dr. B Tata Rao		B		B	B	B	B	CL	B		B	B	B	B	B	CL	B	B	B	B	B	B	B	B	CL	B	B	B	B	B		B	
	Associate Professor																																	
2	Dr. P.B Kameswara Rao		PB		PB	PB	PB	PB	PL	PL		PB	PB	PB	PB	PB	CL	PB	PB	PB	PB	PB	PB	PB	PB	PB	PB	PB	PB	PB	PB		PB	
3	Dr. S. Ramakrishna Rao		SL		SL	SL	SL	SL	SL	SL		SL	CL	SL	SL	SL	SL	SL	SL	SL	SL	SL	SL	SL	SL	CL	CL	SL	SL	SL	SL		SL	
	Assistant Professor																																	
4	Dr. P Rajesvara Rao		SUNDAY		SUNDAY	SUNDAY	SUNDAY	SUNDAY	SUNDAY	SUNDAY	SUNDAY	SUNDAY	SUNDAY	SUNDAY	SUNDAY	SUNDAY	SUNDAY	SUNDAY	SUNDAY	SUNDAY	SUNDAY	SUNDAY	SUNDAY	SUNDAY	SUNDAY	SUNDAY	SUNDAY	SUNDAY	SUNDAY	SUNDAY	SUNDAY	SUNDAY	SUNDAY	SUNDAY	
5	Dr. P. Pradeep Kumar		A		A	A	A	A	CL	A		A	A	A	A	A	A	A	N	N	N	N	N	N	N	N	N	N	N	N	N	N		N	
	Sr. Residents																																	
6	Dr. m. chakradhar																																	
7	Dr. L. Swapna		C		C	C	C	C	C	C		O	O	O	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C		C	
8	Dr. S. Raghu		CL																															
9	Dr. K. Srikanth		S		S	S	S	S	W	S		W	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	CL	S	
10	Dr. K Poli Naidu.		@		@	@	@	@	EL	EL	EL	@	@	@	@	@	@	@	@	@	@	@	@	@	@	@	@	@	@	@	@	@		@	
	Sign of HOD																																	
	Sig of Principal																																	

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Name of the Office: Pathology

Attendance

Register

Month: July
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																																	
1.	Dr. K. Padma Raju	HOD	KP		KP	KP	KP	KP	KP	KP		KP	KP	KP	KP	KP	KP		KP	KP	KP	KP	KP	KP		KP	KP	KP	KP	KP	KP		KP	
2.	Dr. J.P. Behera		SD		SD	SD	SD	SD	SD	SD		SD	SD	SD	SD	SD	SD		SD	SD	SD	SD	SD	SD		SD	SD	SD	SD	SD	SD		SD	
	Assistant Professors																																	
3.	Dr. K.L. Vinod		@		@	@	@	@	@	@		@	@	@	@	@	@		@	@	@	@	@	@		@	@	@	@	@	@		@	
4.	Dr. Anand Reddi		AR		AR	AR	AR	AR	AR	AR		AR	AR	AR	AR	AR	AR		AR	AR	AR	AR	AR	AR		AR	AR	AR	AR	AR	AR		AR	
5.	Dr. M. Vasudeva Rao		MVR		MVR	MVR	MVR	MVR	MVR	MVR		MVR	MVR	MVR	MVR	MVR	MVR		MVR	MVR	MVR	MVR	MVR	MVR		MVR	MVR	MVR	MVR	MVR	MVR		MVR	
6.	Dr. B. Sudhira		BS		BS	BS	BS	BS	BS	BS		BS	BS	BS	BS	BS	BS		BS	BS	BS	BS	BS	BS		BS	BS	BS	BS	BS	BS		BS	
7.	Dr. Ch. Gurumurthy		GM		GM	GM	GM	GM	GM	GM		GM	GM	GM	GM	GM	GM		GM	GM	GM	GM	GM	GM		GM	GM	GM	GM	GM	GM		GM	
8.	Dr. Dinesh Kanth		D		D	D	D	D	D	D		D	D	D	D	D	D		D	D	D	D	D	D		D	D	D	D	D	D		D	
9.	Dr. B. Balakrishna		BBK		BBK	BBK	BBK	V	BBK	BBK		BBK	BBK	BBK	BBK	BBK	BBK		BBK	BBK	BBK	EL	EL	EL		EL	BBK	BBK	BBK	BBK	BBK		BBK	
	Sign of the HOD:		KP		KP	KP	KP	KP	KP	KP		KP	KP	KP	KP	KP	KP		KP	KP	KP	KP	KP	KP		KP	KP	KP	KP	KP	KP		KP	
	Sign of the Principal:																																	

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Name of the Office GREAT EASTERN MEDICAL SCHOOL & HOSPITAL, RAJOLU, SRIKAKULAM.

Attendance Register

COMMUNITY MEDICINE DEPARTMENT

Month JULY 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.		SUNDAY														SUNDAY																
	Dr. DHANANJAYA SHARMA	Prof.																																
	Dr.																																	
	Dr. SUBRATA KUMAR PALO	Asso. Prof.																																
	Dr. SATYAJIT PATNAIK	Asso. Prof.																																
	Dr. PRABATH AMBURKAR	Asst. Prof.																																
	Dr. MERAJ MUSTAFA AUSAVI	Asst. Prof.																																
	Dr. AKSHAY H. SALGAR	Asst. Prof.																																
	Dr. SAMINA AUSVI	Asst. Prof.																																
	Dr. M. KALYANI	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	
	Mr. MURALI MOHANA RAO	Statistician																																
	Dr. B.J. PRASAD	Tutor																																
	Dr. RAMADAS NAIK	Tutor										Sick	Leave																					
	Dr. K. APPARAO	Tutor																																
	Dr. K. SRINIVAS SANDEEP	Tutor																																
	Signature of the Head of the department.																																	
	Signature of the principal																																	

Name of the Office: GREAT EASTERN MEDICAL SCHOOL & HOSPITAL

Attendance Register

URBAN HEALTH TRAINING CENTRE

RAGOLU, SRIKAKULAM

Month: JULY
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. MERAJ M AUSAVI	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	
	Dr. DURGA PRAVALLIKA.	LHO	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 the H.O.D																																	
	Signature of the principal																																	

SUNDAY SUNDAY SUNDAY SUNDAY SUNDAY

Name of the Office: GREAT EASTERN MEDICAL SCHOOL & HOSPITAL

Attendance Register

RAGOLU, SRIKAKULAM

RURAL HEALTH TRAINING CENTRE

Month: JULY

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	✱	✱	✱	✱	✱	✱	✱	✱	✱	✱	✱	✱	✱	✱	✱	✱	✱	✱	✱	✱	✱	✱	✱	✱	✱	✱	✱	✱	✱	✱	✱	
	Dr. KRISHNA VENI	LMO	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
	Signature of the H.O.D		SUNDAY								SUNDAY							SUNDAY							SUNDAY							SUNDAY		
	Signature of the principal																																	

Name of the Office GEMS & HOSPITAL, Rajaka, Srikakulam

Attendance

Register GENERAL MEDICINE

Month July
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. V. Narasimha Murthy	Professor HOD	✓		✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓		✓	○	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓		✓
	Dr. Gagan Bihari Behera	Professor	Gb		Gb	Gb	Gb	Gb	Gb	Gb		Gb	Gb	Gb	Gb	Gb	Gb		Gb	Gb	Gb	Gb	Gb	Gb		Gb	Gb	Gb	Gb	Gb	Gb		Gb
	Dr. M. Madhusudhana Babu	"	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
	Dr. K. Sudheer	Associate Professor	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. M. Malleswara Rao	"	Ma	S	Ma	Ma	Ma	Ma	Ma	Ma	S	Ma	Ma	Ma	Ma	Ma	Ma	S	Ma	Ma	Ma	Ma	Ma	Ma	S	Ma	Ma	Ma	Ma	Ma	Ma	S	Ma
	Dr. D. Govind	Assistant Professor	DG	U	DG	DG	DG	DG	DG	DG	U	DG	DG	DG	DG	DG	DG	U	DG	DG	DG	DG	DG	DG	U	DG	DG	DG	DG	DG	DG	U	DG
	Dr. Ch. Bhaskara Rao	"	ch	N	ch	ch	ch	ch	ch	ch	N	ch	ch	ch	ch	ch	ch	N	ch	ch	ch	ch	ch	ch	N	ch	ch	ch	ch	ch	ch	N	ch
	Dr. S. Priya Vasanth	"	VSP	D	VSP	VSP	VSP	VSP	VSP	VSP	D	VSP	VSP	VSP	VSP	VSP	VSP	D	VSP	VSP	VSP	VSP	VSP	VSP	D	VSP	VSP	VSP	VSP	VSP	VSP	D	VSP
	Dr. T. Venu Gopal	"	TV		TV	TV	TV	TV	TV	TV		TV	TV	TV	TV	TV	TV		TV	TV	TV	TV	TV	TV		TV	TV	TV	TV	TV	TV		TV
	Dr. B. Annaji Rao	"	An		An	An	An	An	An	An		An	An	An	An	An	An		An	An	An	An	An	An		An	An	An	An	An	An		An
	Dr. B. Dandapani	"	BD		BD	BD	BD	BD	BD	BD		BD	BD	BD	BD	BD	BD		BD	BD	BD	BD	BD	BD		BD	BD	BD	BD	BD	BD		BD
	Dr. P. Sridevi	"	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. D. Sunitha	"	Sud		Sud	Sud	Sud	Sud	Sud	Sud		Sud	Sud	Sud	Sud	Sud	Sud		Sud	Sud	Sud	Sud	Sud	Sud		Sud	Sud	Sud	Sud	Sud	Sud		Sud
	Dr. Y. Suresh Kumar	"	YSK		YSK	YSK	YSK	YSK	YSK	YSK		YSK	YSK	YSK	YSK	YSK	YSK		YSK	YSK	YSK	YSK	YSK	YSK		YSK	YSK	YSK	YSK	YSK	YSK		YSK

VENUS

Name of the Office Dept. of MS & HOSPITAL

Attendance

Register

Month July
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	Senior 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	sch	sch
	Dr. D. Vidya Sagar	II	sag	sag	sag	sag	sag	sag	sag	sag	sag	sag	sag	sag	sag	sag	sag	sag	sag	sag	sag	sag	sag	sag	sag	sag	sag	sag	sag	sag	sag	sag
	Dr. B. Suresh Kumar	II	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	sch	sch	sch
	Dr. G. Raja Sekhar Reddy	I	Raj	Raj	Raj	Raj	Raj	Raj	Raj	Raj	Raj	Raj	Raj	Raj	Raj	Raj	Raj	Raj	Raj	Raj	Raj	Raj	Raj	Raj	Raj	Raj	Raj	Raj	Raj	Raj	Raj	Raj
	Dr. A. Ashok kumar	I	AK	AK	AK	AK	AK	AK	AK	AK	AK	AK	AK	AK	AK	AK	AK	AK	AK	AK	AK	AK	AK	AK	AK	AK	AK	AK	AK	AK	AK	AK	AK
	Dr. P.V. Pradeep Kumar	I	Kum	Kum	Kum	Kum	Kum	Kum	Kum	Kum	S	Kum	Kum	Kum	Kum	Kum	Kum	Kum	Kum	Kum	Kum	Kum	S	Kum	Kum	Kum	Kum	Kum	Kum	Kum	Kum	Kum	Kum
	Dr. U. Vijaya Lakshmi	II	VL	N	VL	VL	VL	VL	E	FN	N	VL	VL	VL	VL	VL	VL	N	VL	VL	VL	VL	VL	N	VL	SL	CL	VL	VL	VL	N	VL
	Dr. P.G. Chakravarthy	I	Pch	Pch	Pch	Pch	Pch	Pch	Pch	Pch	Pch	Pch	Pch	Pch	Pch	Pch	Pch	Pch	Pch	Pch	Pch	Pch	Pch	Pch	Pch	Pch	Pch	Pch	Pch	Pch	Pch	Pch	Pch
	Sig of HOD		✱	Gb	Gb	Gb	✱	✱	✱		✱		✱	✱	✱	✱	✱		✱	Gb	✱	✱	✱		✱	✱	✱	✱	✱		✱		✱
	Sig of the Principal																																

VENUS

Name of the Office GEMS & HOSPITAL, Rajolu, Srikakulam

Attendance

Register TB & chest

Month July
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. Mamuada Rao	Professor																															
	Dr. G. Chandra Sekhar	Assistant Professor																															
	Dr. K. Srinivasa Rao	Senior Resident																															
	Dr. P. Chandan	"																															
	Dr. P. Tirupati Rao	"																															
	Sig of the HOD																																
	Sig of the Principal																																

VENUS

Name of the Office: GEMS & HOSPITAL, Rajpolu, Srikakulam

Attendance Register — Psychiatry

Month: July
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	Associate Professor	DY		DY	DY	CL	DY	DY	DY		DY	DY	DY	DY	DY	CL	CL	DY	DY	DY	DY	DY		DY	DY	DY	DY	DY	DY		DY
	Dr. R.V.R Abhinaya	Assistant Professor	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
			U	U							U							U							U						U	
			N	N							N							N							N						N	
			D	D							D							D							D						D	
			A	A							A							A							A						A	
	Dr. N. Surya Kumari	Senior Resident	NJ	Y	NJ	NJ	NJ	NJ	NJ	NJ	Y	CL	NJ	NJ	NJ	NJ	NJ	Y	NJ	NJ	NJ	NJ	NJ	Y	NJ	NJ	NJ	NJ	NJ	NJ	Y	NJ	
	Sig of the HOD		DY		DY	DY	DY	DY	DY	DY		DY	DY	DY	DY	DY	DY	DY	DY	DY	DY	DY	DY	DY	DY	DY	DY	DY	DY	DY		DY
	Sig of the Principal																																

VENUS

Name of the Office: GEMS E. HOSPITAL, RAGOLU, SRIKAKULAM

Attendance Register DERMATOLOGY

Month: JULY 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. I. Vijaya Shree	Professor																															
	Dr. V. Anand	Asst Prof	A		A	A	A	A	A	A		A	CL	A	A	A	SL		A	A	A	A	A	A		A	A	A	A	A	A		A
	Dr. Monica panda	SR		SUNDAY							SUNDAY							SUNDAY							SUNDAY							SUNDAY	
	Dr. D. Gopichand	Sr. Resident																															
	Dr. A. Suhasini	"																															
	Sign of the HOD							A																						A	A		
	Sign of the principal																																

VENUS

Name of the Office ... General Surgery ...

Attendance Register

Month ... July ...
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																																	NMHV Tea Talk Tirupati
	DR. Sudhir Nanaji Lakdive																																	
	DR. B. Mallayya																																	
	ASSOCIATE PROFESSORS																																	
	DR. G. Rahul Kumar Reddy																																	
	DR. Sanjay Kumar Maharana																																	
	ASST. PROFESSORS																																	
	DR. B. Viswesvara Rao																																	
	DR. G. Venkata Ramana																																	
	DR. G. Someswara Rao																																	
	DR. J. Laxman																																	
	DR. Uma Maheswara Rao. K.																																	
	DR. Haripraiada Rao																																	

VENUS

Name of the Office ..... General Surgery .....

Attendance Register

Month ..... July .....
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
	DR. Sanjay Namadar		L	S	N	S	N	S	N	S	N	SN	S	N	S	N	S	N	S	N	S	N	S	N	S	L	L			S	N	S	N	CL
	DR. M. Narendranath																																
	DR. Bhanu Murthy																																
	DR. Rajat Kumar patra																																
	DR. Srirama Anarendra Babu																																
	SENIOR RESIDENTS																																
	DR. G. Varaprasad Rao																																
	DR. V. premnath																																
	DR. G. Dinesh																																
	DR. R. Ganapathi		R		R	R	R	R	R		R		R	R	R	R			R	R	R	R	R			R		R	R	R	R	R
	DR. V. Vinodh																																
	DR. P. Vamsi Krishna																																
	Counter Signature of HOD																																
	counter Signature of principal																																

Name of the Office ORTHOPAEDICS 2017

Attendance Register

Month JULY
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																																	
1	DR. Y. SUBBA REDDY	PROFE & HOD	SR	SUNDAY	SR	SR	SR	SR	SR	SR	SUNDAY	SR	SR	SR	CL	SR	SR	SUNDAY	SR	SR	SR	SR	SR	SR	SUNDAY	SR	SR	CL	SR	SR	SR	SUNDAY	SR	
	ASSOCIATE PROFESSORS																																	
1	DR. B. KOMALA RAO		BKR		BKR	BKR	BKR	BKR	BKR	BKR		BKR	BKR	BKR	BKR	CL	BKR		BKR	BKR	BKR	BKR	BKR	BKR		BKR	BKR	CL	BKR	BKR	BKR		BKR	
2	DR. V. Ramesh		VR		VR	VR	VR	VR	VR	VR		VR	VR	VR	CL	VR	VR		VR	VR	VR	VR	VR	VR		VR	VR	VR	CL	VR	VR		VR	
	ASSISTANT PROFESSORS																																	
1	DR. A. Siva prasad		ASP		ASP	ASP	ASP	ASP	ASP	ASP		ASP	ASP	ASP	CL	ASP	ASP		ASP	ASP	ASP	ASP	CL	ASP		ASP	ASP	ASP	ASP	ASP	ASP		ASP	
2	DR. G. Vidya Sagar		GVS		GVS	GVS	GVS	GVS	GVS	GVS		GVS	GVS	GVS	GVS	GVS	CL		GVS	GVS	GVS	GVS	GVS	GVS		GVS	GVS	CL	GVS	GVS	GVS		GVS	
3	DR. N. Anil Kumar		NAK		NAK	NAK	NAK	NAK	NAK	NAK		NAK	NAK	NAK	CL	NAK	NAK		NAK	NAK	NAK	NAK	NAK	NAK		CL	NAK	NAK	NAK	NAK	NAK		NAK	
4	DR. N Sandeep		S		S	S	S	S	S	S		S	S	S	S	CL	S		S	S	S	S	S	S		S	S	S	S	CL	S		S	
5	DR. T. Ranganath		TR		TR	TR	TR	TR	TR	TR		TR	TR	TR	TR	TR	TR		CL	TR	TR	TR	TR	TR		TR	TR	TR	TR	TR	CL		TR	
6	DR. J. T. Rao		JTR		JTR	JTR	JTR	JTR	JTR	JTR		JTR	JTR	JTR	JTR	JTR	CL		JTR	CL	JTR	JTR	JTR	JTR		JTR	JTR	JTR	JTR	CL	JTR		JTR	

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Name of the Office DEPARTMENT OF ORTHOPAEDICS

Attendance Register

Month: July
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
	SENIOR RESIDENT			S							S							S							S							S		
1.	DR. S. Siva Sankarayya		SS		SS	SS	SS	SS	SS	SS		SS	SS	SS	SS	SS	SS		CL	SS	SS	SS	SS	SS		SS	CL	SS	SS	SS		SS		
2	DR. V. S. Lakminarayana		VS		VS	VS	VS	VS	VS	VS		VS	VS	CL	VS	VS	VS		VS	VS	VS	VS	VS	VS		VS	VS	VS	CL	VS		VS		
3.	DR. A. Srinivasulu.		AS		AS	AS	AS	AS	AS	AS		AS	AS	AS	CL	AS			AS	AS	AS	AS	AS	AS		AS	AS	CL	AS	AS		AS		
4	DR. Saiphani Chandra		PN		PN	PN	PN	PN	PN	PN		PN	CL	PN	PN	PN	PN		PN	PN	PN	PN	PN	PN		CL	PN	PN	PN	PN		PN		
	Signature of HOD		SR		SR	SR	SR	SR	SR	SR		SR	SR	SR	SR	CL	SR		SR	SR	SR	SR	SR	SR		SR	SR	SR	SR	SR		SR		
	Signature of The PRINCIPAL																																	

Sunday

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ANAESTHESIA DEPT

Name of the Office: RIMS HOSPITAL, RAICHUR, SRIKAKULAM

Attendance Register

Month: JULY
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 SIDHARADHA																																
	ASSOCIATE PROFESSORS																																
1.	DR CH SUMANTH NARAYANARAO																																
2.	DR P K MISHRA																																
3.	DR PADMA GIRIJA SHEKHONA																																
	ASSISTANT PROFESSORS																																
1.	DR N APPALA RAJU																																
2.	DR K BALA KRISHNA																																
3.	DR PRIYANKA																																
4.	DR B RAVINDRA																																
5.	DR E SIRISHA																																
6.	DR RAGHU PRAVEEN KUMAR																																
	SENIOR RESIDENTS																																
1.	DR H VASUDEVA RAO.																																
2.	DR JAGADEESH ONKAR																																
3.	DR V PRAVEEN KUMAR																																
4.	DR Y HARI KIRAN																																
5.	DR. P LALITHA																																
6.	DR M BALAMURALI KRISHNA																																
7.	DR K NOOR BASHA																																
8.	DR SHRUTHI RANJAN																																
	SIGN OF THE HOD																																
	SIGN OF THE PRINCIPAL																																

VENUS

Name of the Office: GEMS HOSPITAL, RAGOLU, SRIKAKULAM

Attendance

Register

Radiodiagnosis

Month: JULY

Year: 2017

S. No.	NAME	Designation	1	2	3	4	5	6	7	8	9	10
	DR. GIRIDHAR GOPAL	Prof & HOD										
	DR. V. RAJNIKANTH RAO	Prof										
	DR. ANANTH MADHU KARA RAO	Prof										
	DR. L. SYAM TEKCHAND	Asst. Prof										
	DR. M. RUPESH	Asst Prof										
	DR. CH. SIRISHA	Asst Prof										
	DR. SWETHA REDDY	Asst. Prof		SUNDAY							SUNDAY	
	DR. SATYANARAYANA REDDY	Asst. Prof										
	DR. SESHAM BABURAO	S/R										
	DR. B. LAVAKUMAR	S/R										
	DR. A. SUMITHRA DEVI	S/R										
	DR. B. SUSHMA	S/R										
	DR. KAPIL SHIRODKAR	S/R										

11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

VENUS

Name of the Office GEMS HOSPITAL, RAGOLU, SRIKAKULAM

Attendance Register

Month JULY
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. NIHARIKA	S/R																																
	DR. SOWMYA	J/R																																Relieved on 31/7/17
	Signature of HOD	HOD																																
	Signature of Principal																																	
				S							S							S							S						S		
				U							U							U							U						U		
				N							N							N							N						N		
				D							D							D							D						D		
				A							A							A							A						A		
				Y							Y							Y							Y						Y		

VENUS

Name of the Office ... DENTAL

Attendance Register

Month ... JULY
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							S							S						S		
1.	Dr. M. Prasad		(SN)		(SN)	(SN)	(SN)	(SN)	(SN)	(SN)		(SN)	(SN)	(SN)	(SN)	(SN)	(SN)		(SN)	(SN)	(SN)	(SN)	(SN)		(SN)	(SN)	(SN)	(SN)	(SN)	(SN)	(SN)		(SN)	
	Associate Professor																																	
2.	Dr. K. Raj Kumar Chowdary		Raj		Raj	Raj	Raj	Raj	Raj	Raj		Raj	Raj	Raj	Raj	Raj	Raj		Raj	Raj	Raj	Raj	Raj		Raj	Raj	Raj	Raj	Raj	Raj	Raj		Raj	
	Assistant Professor																																	
3.	Dr. M. Neeraja		(SN)	→	maternity Leave																													
	Sign of the HOD		(SN)		(SN)	(SN)	(SN)	(SN)	(SN)	(SN)		(SN)	(SN)	(SN)	Raj	(SN)		(SN)	(SN)	(SN)	(SN)	(SN)		(SN)	(SN)	(SN)	(SN)	(SN)	(SN)	(SN)		(SN)	
	Sign of the Principal																																	

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Name of the Office ..... BIOLOGY .....

Attendance

Register

Month ..... July .....
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's																																
01	Dr. M. Taipera Sambasivudu																																
02	Dr. N. Bhaskara Rao																																
	Associate Professor																																
01	Dr. Ch. Rambabu																																
02	Dr. Jasmina Begom																																
03	Dr. Sridhar																																
	ASSISTANT Professor																																
01	Dr. D. Harsharalli																																
02	Dr. M. Mohana Rao																																
03	Dr. M. Swarnalatha																																
04	Dr. B. N. L. Sravanthi																																
05	Dr. T. Sai Samyukta																																

Name of the Office ..... DEGO7 .....

Attendance

S No.	NAME	Desig-nation	1	2	3	4	5	6	7	8	9	10
06	Dr. G. Swarnalatha											
	Sr. Residents											
01	Dr. P Sivaranjitha											
02	Dr. P. Madhavi Lata											
03	Dr. K. Sowmya											
04	Dr. Laxmi Lalitha											
	Signature of HOD											
	Signature of Principal											

Register

Month ..... July .....
Year ..... 2017 .....

11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

VENUS

Name of the Office: GEMS HOSPITAL RAGOLU, SRIKAKULAM

Attendance Register

PAEDIATRICS DEPT

Month: JULY

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		An		A	A	A	An	An	An		An	An	An		An	An		An	An	An	An	An	An		An	A	An	An	An	An		An	
	ASSOCIATE PROFESSORS																																	
1.	DR. CH. SANTHARAM																																	
2.	DR. S. JYOTHI PRAKASH RAJU																																	
	ASSISTANT PROFESSORS																																	
1	DR. V. SRIRAMA MURTHY																																	
2	DR. N. VIJAY KUMAR																																	
3	DR. N. V. DASARWAR																																	
4	DR. M. POLAYYA																																	
5	DR. K. MADHAVI																																	
	SENIOR RESIDENTS																																	
1	Dr. K. DILEEP KUMAR																																	
2.	Dr. K. VINOD KUMAR																																	
3.	Dr. CH. SUDHAKAR																																	
4.	Dr. M. RAGHUVEERA																																	
5.	Dr. D. SWAMI NAIDU																																	
6.	Dr. AJITH PATNAIK.																																	
	SIGN OF THE HOD																																	
	SIGN OF THE PRINCIPAL																																	