

Signature of PRINCIPAL

Month: OCTOBER
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. V. SREERAMULI HD	Professor & HOD	CH	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	Date of Joining 03.10.2017		
2.	Dr. M.B.C.R. NAIDU HSE, PhD	Assoc. professor	HH	HH	HH	HH	HH	HH	HH	HH	HH	HH	HH	HH	HH	HH	HH	HH	HH	HH	HH	HH	HH	HH	HH	HH	HH	HH	HH	HH	HH	HH	HH	HH	Test for Covid on 21.09.2021	
3.	Dr. B. JYATHANA DEVI HD	Asst. professor	hh	hh	hh	hh	hh	hh	hh	hh	hh	hh	hh	hh	hh	hh	hh	hh	hh	hh	hh	hh	hh	hh	hh	hh	hh	hh	hh	hh	hh	hh	hh	hh		
4.	Dr. THEJASWINI M. HD	Asst. professor	hh	hh	hh	hh	hh	hh	hh	hh	hh	hh	hh	hh	hh	hh	hh	hh	hh	hh	hh	hh	hh	hh	hh	hh	hh	hh	hh	hh	hh	hh	hh	hh	Test for Covid on 21.09.2021	
5.	Ms. CH. KIRAN MOI HSE, CNO	Tutor	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U			
6.	Mrs. J.C. SWARNA LATHA HSE, CH	Tutor	A	Jc	Jc	Jc	Jc	Jc	Jc	A	Jc	Jc	Jc	Jc	Jc	Jc	Jc	Jc	Jc	Jc	Jc	Jc	Jc	Jc	Jc	Jc	Jc	Jc	Jc	Jc	Jc	Jc	Jc	Jc		
7.	Dr. H. KIRAN KUMAR MOBS	Tutor	HH	HH	HH	HH	HH	HH	HH	HH	HH	HH	HH	HH	HH	HH	HH	HH	HH	HH	HH	HH	HH	HH	HH	HH	HH	HH	HH	HH	HH	HH	HH	HH		
8.	Dr. K. HITECH AKSHAY ARI MOBS	Tutor	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	Raj	Raj	Raj	
Signature of the HOD			[Signature]																																	
Signature of the Principal			[Signature]																																	

Name of the Office : GEMS, Dept of PHYSIOLOGY

Attendance

Register

Month : OCTOBER
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																																	
8	DR. R. CHAITANYA	Tutor																																	
	SIGNATURE OF HOD																																		
	SIGNATURE OF PRINCIPAL																																		

Revised
03-11-17Def.
31.10.17

Name of the Office Pharmacy College

Attendance

Register

Month OCTOBERYear 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	Asst. Prof																															
2.	DR. V. SUDERSAN																																
3.	DR. NEERA GUPTA	Asst. Prof																															
4.	DR. BAPUGOUNA PATIL	Asst. Prof																															
5.	DR. D. RAJESH	Asst. Prof																															
6.	MRS. N. NEERAJA RAO	TUTOR																															
7.	DR. K. GANDHI	TUTOR																															
8.	DR. H. JAGANNADH	TUTOR																															
9.	DR. P. Prasad	TUTOR																															
SIGNATURE OF THE HOD																																	
Signature of the Principal																																	

relieved on
11-10-2017Relieved
24/10/17

Name of the Office: GEMS & HOSPITAL
DEPT. OF MICROBIOLOGY

Attendance

Register

Month: OCTOBER
Year: 2017

			Date: _____																															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 HO	Principal & HOD	Leave																																
02	Dr P. SAMATHA HO	Principal	P P																																

Material
leave

D.O.T
03-10-2017

Name of the Office: GEMS
Ragok, Chikankulam

Attendance

Register PATHOLOGY

Month October
 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. PRAMOD SHINDE	Intef. Med				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	
	DR. DILLIP HARI HANDE	Pathology				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. E. GIRI KUMAR	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	P	P	
	DR. P. JOGI NAIDU	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	P	P	
	DR. M. SHAMELI	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	P	P	
	DR. G. SANTOSH SHANKAR	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	P	P	
	DR. P. SOMA SEKHAR	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	P	P	
	DR. K. VENKATESWARARAO	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	
	DR. BALDEPALLI RAMESH	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	
	DR. RAVADA VESITA BABU	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	
	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	
	DR. N. PUNNAM CHANDRA	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	
	DR. K. RAMESHU	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 the 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 the 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	

→ Absent
 on
 30.10.17

Attendance

Register DEPT of forensic medicine Month: october
Year: 2017

[illegible]

Name of the Office ENT
Great Eastern medical college & Hospital

Attendance

Register

Month October
 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 of HOD																																	
1.	Dr. B. Tata Rao																																	
	Associate Professor																																	
2.	Dr. P.B. Kameswara Rao																																	
3.	Dr. S. Rama Krishna Rao																																	
	Assistant Professor																																	
4.	Dr. P. Rajeswara Rao																																	
	Sr. Resident																																	
5.	Dr. M. Chakondhar																																	
6.	Dr. L. Swapna																																	
7.	Dr. S. Raghu																																	
8.	Dr. K. Poli Naidu																																	
9.	Dr. M. Archana																																	
	Sign of HOD																																	
	Sign of Principal																																	

Name of the Office Ophthalmology

Attendance

Register

Month 6 to 12
Year 2017

[illegible]

Name of the Office: GREAT EASTERN
MEDICAL SCHOOL & HOSPITAL

Attendance

RAGULU, SRIKAKULAM.

Register

COMMUNITY
MEDICINE
DEPARTMENT

Month: OCTOBER
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. Sr. Mod																																
	Dr. DHANANJAYA SHARMA	Prof.																																
	Dr. SUBRATA KUMAR PALO	Asso																																
	Dr. SATYAJIT PATNAIK	Asso																																
	Dr. AKSHAY H. SALGAR	Asso																																
	Dr. PRABATH AMOURKAR	Asst. prof.																																
	Dr. MERAJ MUSTAFA AUSAVI	Asst. prof.																																
	Dr. SAMINA AUSVI	Asst. prof.																																
	Dr. M. KALYANI	Asst. prof.																																
	Mr. MURAH MOHANARAO D.	Asst. cum Scribe																																
	Dr. B. J. PRASAD	Tutor																																
	Dr. B. RAMA DAS NAIK	Tutor																																
	Dr. K. APPARAO	Tutor																																
	Dr. TABSSUM	Tutor																																
	Dr. K. RITESH PADMAKAR	Asst. Professor																																
	Signature of the Head of the Department.																																	
	Signature of the principal																																	

Date: 25/10/2017

Name of the Office GREAT EASTERN
MEDICAL SCHOOL & HOSPITAL

Attendance
RAGOLU, SRIKAKULAM

Register

RURAL HEALTH
TRAINING CENTRE

Month OCTOBER
Year 2017

[illegible]

Name of the Office: GREAT EASTERN
MEDICAL SCHOOL & HOSPITAL

Attendance
RAGOLU, SRIKAKULAM

Register URBAN HEALTH
TRAINING CENTRE

Month: OCTOBER
Year: 2017

[illegible]

Name of the Office _____

Attendance

[illegible]

Register

General medicine

Month _____
Year _____

[illegible]

[illegible]

Name of the Office GEMS & Hospital
Lagou, Srikakulam

Attendance

Register psychiatry

Month October
 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. satyanarayana	Associate professor	or	or	or	or	or	or	or	or	or	or	or	or	or	or	or	or	or	or	or	or	or	or	or	or	or	or	or	or	or	or	or	
			S						S				S											S								S		
			U						U				U											U								U		
			N						N				N											N								N		
	Dr. L. V. L. Abhinaya	Assistant professor	or	or	or	or	or	or	or	or	or	or	or	or	or	or	or	or	or	or	or	or	or	or	or	or	or	or	or	or	or	or	or	
			A						A				A											A								A		
			Y						Y				Y											Y								Y		
	Dr. N. Suryakumari	Senior Resident	or	or	or	or	or	or	or	or	or	or	or	or	or	or	or	or	or	or	or	or	or	or	or	or	or	or	or	or	or	or	or	
			N	or	or	or	or	or	N	or	or	or	N	or	or	or	or	or	or	or	or	or	or	N	or	or	or	or	or	or	or	N	or	
	Dr. K. M. M. Sri Lakshmi	"	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
	Sign of the HOD		or	or	or	or	or	or	or	or	or	or	or	or	or	or	or	or	or	or	or	or	or	or	or	or	or	or	or	or	or	or	or	
	Sign of the principal		or	or	or	or	or	or	or	or	or	or	or	or	or	or	or	or	or	or	or	or	or	or	or	or	or	or	or	or	or	or	or	

Name of the Office GPB & Hospital
Dagdu Sitabula

Attendance

Register

Dermatology

Month October
 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	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
			S							S							S						S								S		
			U							U							U						U								U		
			N							N							N						N								N		
	Dr. V. Kiranbauth	Assistant Professor	D	P	P	P	P	P	P	D	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
			A							A							A						A								A		
			Y							Y							Y						Y								Y		
	Dr. Monica panda	SE. Resident	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
	Dr. A. Sahasini	"	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
	Sign of the HoD		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
	Sign of the principal		x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x

Relieving Date
 11-10-2017

Name of the Office General Surgery

Attendance

Register

Month October
Year 2007

		Year																																
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		
<u>PROFESSORS</u>																																		
	DR. S.V. Satyanarayana Rao		[Signature]										[Signature]																					
	DR. Sudhir Nanaji. Laxdive		[Signature]										[Signature]										[Signature]											
	DR. B. Mallappa		[Signature]										[Signature]										[Signature]											
<u>Associate professors</u>																																		
	DR. G. Rahul kumar Reddy		[Signature]										[Signature]										[Signature]											
	DR. Sanjay Kumar Maharana		[Signature]										[Signature]										[Signature]											
	DR. B. Visweswara Rao		[Signature]										[Signature]										[Signature]											
	DR. G. Venkata Ramana		[Signature]										[Signature]										[Signature]											
<u>Assistant professors</u>																																		
	DR. G. Jomeswara Rao		[Signature]										[Signature]										[Signature]											
	DR. Uma Maheswara Rao		[Signature]										[Signature]										[Signature]											

Name of the Office General Surgery

Attendance

Register

Month October
Year 2014

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. Bharu Murthy		A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	
	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	P	P	P	P	P	P	P	P		
	DR. Jinjay Namadar		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. J. Laxman		A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	
	DR. Hari prasad Rao		A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	
	DR. Sr. Rama Amarendra Babu		A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	
	DR. pratap Mukharji		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. M. Narendra Nath		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	M	M	M	M	M	
	<u>Senior Resident</u>																																	
	DR. G. Dinesh		A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	
	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	R	R	R	R	R	R	R	R	R	
	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. V. Vinodh		V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V
	DR. Varaprasad		V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V
	DR. P. Varma Krishna		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. N. Ravi Kiran		R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
	9885720650																																	
	Counter 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	S
	Counter 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	P	P	P	P

Dr. Ravi Kiran
Asst. Surgeon

Department

Attendance

Register

Year 2017

[illegible]

Name of the Office

Attendance

Register orthopedic

Month Oct
Year 2017

[illegible]

ANAESTHESIA DEPARTMENT - 2017

Name of the Office: HEMS HOSPITAL
RAGOLU, SRIKAKULAM.

Attendance

Register

Month: OCTOBER
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		PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP
2.	DR. CH. SIDHARADHA		ch	ch	ch	ch	ch	ch	ch	ch	ch	ch	ch	ch	ch	ch	ch	ch	ch	ch	ch	ch	ch	ch	ch	ch	ch	ch	ch	ch	ch	ch	ch
ASSOCIATE PROFESSORS																																	
1.	DR. CH. SOMANTH NAIDHANNA RAO		PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP
2.	DR. P. K. MISHRA		PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP
3.	DR. H. KIRAN KUMAR		PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP
4.	DR. P. KALYAN CHAKRABARTY		PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP
ASSISTANT PROFESSORS																																	
1.	DR. N. APPALA RAJU		PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP
2.	DR. K. BALA KRISHNA		PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP
3.	DR. PRIYANKA		PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP
4.	DR. B. RAVINORA		PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP
5.	DR. E. SIRISHA		PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP
6.	DR. M. RAAGHU PRAYEEN KUMAR		PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP
7.	DR. PRADEEP DAS		PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP
8.	DR. H. VASUDEVA RAO		PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP
SENIOR RESIDENTS																																	
1.	DR. JAGADEESH OMISAR		PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP
2.	DR. P. LALITHA		PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP
3.	DR. M. BALA MURALI KRISHNA		PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP
4.	DR. K. NOOR BASHA		PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP
5.	DR. SMRUTHI RANJAN		PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP	PP
6.																																	
SIGN OF THE HOD																																	
SIGN OF THE PRINCIPAL																																	

Relieved:

Name of the Office Great Eastern Medical School, Ragolu, Srikakulam

Attendance

Register Radiodiagnosis

Month October
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. Rajani Kanth Rao	Prof. HOD																															
	Dr. N. Giridhar Gopal	Prof.																															
	Dr. Ananth Madhukar Rao	Prof.																															
	Dr. L. Syam Tekchand																																
	Dr. M. Rupesh	Asst. Prof.	S							S																							
	Dr. Ch. Sirisha		U							U																							
	Dr. Swetha Reddy		N							N																							
	Dr. Sesham Babu Rao	*	D							D																							
	Dr. A. Sumithra Devi	St	A							A																							
	Dr. B. Sushma		Y							Y																							
	Dr. Chait Anil Kumar																																
	Dr. B. Lawa Kumar																																
	Signature of HOD																																
	Signature of Principal																																

Name of the Office 013679

Attendance

Register

Month .. October ..
Year 2012

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
	<u>Professors</u>																																
01	Dr. M. Tribura Sundaravathi		A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A
			S							S							S							S								S	
02	Dr. N. Ishakam Rao		U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U
	<u>ASSOCIATE PROFESSORS</u>		N							N							N							N								N	
01	Dr. CH. Rambabu		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	D	D	D	D	D
			A							A							A							A								A	
02	Dr. Jaimina Begum		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
03	Dr. D. Sridhar		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
	<u>ASSISTANT PROFESSORS</u>																																
01	Dr. D. Hanumanthi		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
02	Dr. M. Mahana Rao		N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
03	Dr. M. Suresh Babu		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
04	Dr. B.N.L. Saravathi		U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U
05	Dr. J. Sai Ramakrishna		A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A

Name of the Office District

Attendance

Register

Month : October
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. G. Sureshbabu		PS	PS	PS	PS	PS	PS		PS	PS		PS	PS	PS	PS		PS	PS		PS	PS		PS	PS	PS	PS	PS	PS	PS	PS	PS	
			S							S								S						S							S		
	SR. Resident		U							U														U							U		
01	Dr. P. Sureshbabu		N	PS	PS	PS	PS	PS	N	PS	PS		PS	PS	PS	PS		PS	PS		PS	PS	N	CL	PS	PS	PS	PS	PS	N	PS	PS	
																		N															
12	Dr. T. Suresh		D	S	S	S	S	S		S	S		S	S	S	S		S	S		S	S		S	S	S	S	S	S	S	S	S	
			A							A								A													A		
03	Dr. Lakshmi Lalitha		Y	PS	PS	PS	PS	PS	Y	PS	PS		PS	PS	PS	PS		PS	PS		PS	PS		PS	PS	PS	PS	PS	PS	PS	PS	PS	
04	Dr. P. Madhukar		PS	PS	PS	PS	PS	PS		PS	PS		PS	PS	PS	PS		PS	PS		PS	PS		PS	PS	PS	PS	PS	PS	PS	PS	PS	
05	Dr. B. V. Suresh																																
06	Dr. H. K. Ravi																																
	Signature of hon.		PS	PS	PS	PS	PS	PS		PS	PS		PS	PS	PS	PS		PS	PS		PS	PS		PS	PS	PS	PS	PS	PS	PS	PS	PS	
	SIGNATURE OF Principal		PS	PS	PS	PS	PS	PS		PS	PS		PS	PS	PS	PS		PS	PS		PS	PS		PS	PS	PS	PS	PS	PS	PS	PS	PS	

PAEDIATRICS DEPARTMENT

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. A. BHASKAR		PH	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	
ASSOCIATE PROFESSORS																																		
1.	DR. CH. SANTHARAM		PH	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	
2.	DR. S. JYOTHI PRAKASH RAJU		PH	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	
ASSISTANT PROFESSORS																																		
1.	DR. V. SREE RAMA MURTHY		PH	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	
2.	DR. N. VIJAY KUMAR		PH	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	
3.	DR. N. V. DASARWAR		PH	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	
4.	DR. M. POLAYYA		PH	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	
5.	DR. K. MADHAVI		PH	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	
6.	DR. T. SANTHOSH KUMAR		PH	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	
SENIOR RESIDENTS																																		
1.	DR. K. DILEEP KUMAR		PH	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	
2.	DR. CH. SUDHAKAR		PH	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	
3.	DR. H. RAGHUVIEER		PH	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	
4.	DR. D. SWAMI NAIDU		PH	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	
5.	DR. AJIT. PATNAIK		PH	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	
6.	DR. K. VINOD KUMAR		PH	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	RY	
SIGN OF THE HCO																																		
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