

Faculty Proforma for the GSVM Website

1. Name: **Dr. Shaily Agarwal**
2. Qualification: **MS (Obs. & Gynae)**
3. Fellowships:
4. Date of joining: **17/08/2010**
5. Date of Birth: **12** Month: **August 78**
6. Gender: **Female**
7. Designation: **Lecturer**
8. Department: **Obs. & Gynae.**
9. Specialization:
10. Area of Interest: **Infertility**
11. OPD days: **Saturday**
12. OPD Room No.: Deptt. Of Obs. & Gynae. UISE M Hospital
13. Timings: 8:00 am to 2:00 pm
14. Super speciality clinic: Room No / ward No.:
15. Super speciality clinic days : Timings:
16. Awards: **Gold Medal for highest marks in MBBS Final Professional Examination**
17. Publications: Indexed: **06** Non Indexed: **03**
18. Other Corporate responsibilities:
 - a. In GSVM:
 - b. In Other Societies:
19. Email: [**drspourush@gmail.com**](mailto:drspourush@gmail.com)
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