

Photo (Passport
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1. Name: **Dr. Anurag Singh**
2. Qualification: **MS (General Surgery)**
3. Fellowships:
4. Date of joining: **20/12/2012**
5. Date of Birth: **26** Month: **06**
6. Gender: **Male**
7. Designation: **Lecturer (Contact)**
8. Department: **Surgery**
9. Specialization: **General Surgery**
10. Area of Interest: **Laparoscopic Surgery , Minimal Access Surgery**
11. OPD days : **Tuesday**
12. OPD Room No.: **32** Timings: **9.00 to 2 pm**
13. Super speciality clinic: Room No / ward No.:
14. Super speciality clinic days : Timings:
15. Awards:
16. Publications: Indexed: Non Indexed:
17. Other Corporate responsibilities:
 - a. In GSVM:
18. Email: **dr.anuragsingh@gmail.com**
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