

Faculty Proforma for the GSVM Website

1. Name: **Dr. Gyanendra Sengar**
2. Qualification: **MS Orthopaedics**
3. Fellowships: UP visitor fellowship
4. Date of joining: **21/05/1979**
5. Date of Birth: **5th** Month: **March** Gender: **Male**
6. Designation: **Professor**
7. Department: **Orthopaedics**
8. Specialization: **Orthopaedics**
9. Area of Interest: **Traumatology & Replacement**
10. OPD days: **Monday**
11. OPD Room No.:36 Timings: 8.00 am to 2.00 pm
12. Super speciality clinic: Room No / ward No.:
13. Super speciality clinic days : Timings:
14. Awards:
15. Publications: Indexed: Non Indexed:
16. Other Corporate responsibilities:
 - a. In GSVM:
17. Email: **sengarorthp@yahoo.com**
18. Phone /Mobile no: **9415050564** Fax 0512-2212225
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Photo (Passport
Size)