

Photo (Passport
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1. Name: **Dr. Seema Nigam**
2. Qualification: **MD (Community Medicine)**
3. Fellowships:
4. Date of joining: **21/06/2002**
5. Date of Birth: **18** Month: **04**
6. Gender: **Female**
7. Designation: **Professor**
8. Department: **Community Medicine**
9. Specialization:
10. Area of Interest: **Epidemiology, Statistics**
11. OPD days Tuesdays
12. OPD Room No.: Timings:
13. Super speciality clinic: Room No / ward No.:
14. Super speciality clinic days : Timings:
15. Awards: **Young Scientist Award- Gujrat (Best Oral Presentation Award**
16. Publications: Indexed: **03** Non Indexed: **20**
17. Other Corporate responsibilities:
 - a. In GSVM: O/I Admission U.G. & P.G., O/E Student Section U.G. & P.G.
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