

1. Name: **Dr. J.S. Kushwaha**
2. Qualification: **MD (Medicine)**
3. Fellowships:
4. Date of joining: **26<sup>th</sup> December 2009**
5. Date of Birth: **02** Month: **July**
6. Gender: **Male**
7. Designation: **Asstt. Professor (Med.)**
8. Department: **Medicine**
9. Specialization: **Critical Care, Diabetes & Liver diseases**
10. Area of Interest:
11. OPD days: **Monday & Friday**
12. OPD Room No.: **06** Timings: 9.00 am to 2 pm
13. Super speciality clinic: Room No / ward No.:
14. Super speciality clinic days : **Wednesday** Timings:
15. Awards:
16. Publications: Indexed: 10 Non Indexed: 16
17. Other Corporate responsibilities:
  - a. In GSVM:
  - b. In Other Societies
18. Email: [driskushwaha@gmail.com](mailto:driskushwaha@gmail.com) / [driskushwaha@prabharhospital.com](mailto:driskushwaha@prabharhospital.com)
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Photo (Passport  
Size)