

Faculty Proforma for the GSVM Website

1. Name: **Dr. B.P. Priyadarshi**
2. Qualification: **MD (Medicine)**
3. Fellowships:
4. Date of joining: **19/08/2008**
5. Date of Birth: **04** Month: **March**
6. Gender: **Male**
7. Designation: **Asstt. Professor (Medicine)**
8. Department: **Medicine Department**
9. Specialization:
10. Area of Interest: **Gastroenterology & HIV Medicine**
11. OPD days: **Monday & Friday** Gastro OPD : **Tuesday**
12. OPD Room No.: **8 & 6** Timings: **9:00 am to 2:00 pm**
13. Super speciality clinic: **Gastro Clinic & HIV Clinic** Room No / ward No.: **06 & ART Centre**
14. Super speciality clinic days : **Tuesday** Timings:
15. Awards:
16. Publications: Indexed: **02** Non Indexed:
17. Other Corporate responsibilities
 - a. In GSVM:
 1. Nodal Officer, ART Centre, GSVM Medical College, Kanpur
 2. Officer In-Charge Endoscopy Unit
 3. U.G. Teaching Incharge
 - b. In Other Societies
18. Email: **priyadarshibp@yahoo.com**
19. Phone /Mobile no: **9415511634** Fax:
20. Address for communications: **P.G. Deptt. Of Medicine, GSVM Medical College, Kanpur**

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Size)