

Faculty Proforma for the GSVM Website

1. Name: **Dr. Brijesh Kumar**
2. Qualification: **MD (Medicine)**
3. Fellowships:
4. Date of joining: **29th July 2009**
5. Date of Birth: **01** Month: **January**
6. Gender: **Male**
7. Designation: **Asstt. Professor (Med.)**
8. Department: **Medicine**
9. Specialization:
10. Area of Interest:
11. OPD days: **Thursday & Saturday**
12. OPD Room No.: **06** Timings:
13. Super speciality clinic: Room No / ward No.:
14. Super speciality clinic days : **Wednesday** Timings:
15. Awards:
16. Publications: Indexed: Non Indexed:
17. Other Corporate responsibilities:
 - a. In GSVM:
 - b. In Other Societies:
18. Email:
19. Phone /Mobile no: **9411870108** Fax:
20. Address for communications:

Photo (Passport
Size)