

Photo (Passport
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1. Name: **Dr. Arvind Kumar**
2. Qualification: **MD Medicine**
3. Fellowships:
4. Date of joining: **06/09/2010**
5. Date of Birth: **28** Month: **08**
6. Gender: **Male**
7. Designation: **Lecturer Medicine**
8. Department: **Medicine**
9. Specialization: **Medicine**
10. Area of Interest: **Nephrology**
11. OPD days : **Tuesday, Thursday & Saturday**
12. OPD Room No.: **09** Timings: **9.00 to 2 pm**
13. Super speciality clinic: **Nephrology** Room No / ward No.: **06**
14. Super speciality clinic days : **Saturday** Timings: **10-12 pm**
15. Awards:
16. Publications: Indexed: Non Indexed:
17. Other Corporate responsibilities:
 - a. In GSVM: **I/c Haemophilia patient management**
18. Email: **dr.arvind-kpsimed@@hotmail.com**
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20. Address for communications: **IV/25 GSVM Medical College Campus, Kanpur**