

Faculty Proforma for the GSVM Website

1. Name: **Dr. Sushil Chandra**
2. Qualification: **MD (Skin & VD)**
3. Fellowships:
4. Date of joining: **31/03/1979**
5. Date of Birth: **06** Month: **05**
6. Gender: **Male**
7. Designation: **Professor (Contract)**
8. Department: **Skin & VD**
9. Specialization: **Dermatology**
10. Area of Interest: **Clinical Dermatology**
11. OPD days: **Monday & Friday**
12. OPD Room No.: **11** Timings: **9.00 – 2.00**
13. Super speciality clinic: Room No / ward No.:
14. Super speciality clinic days : Timings:
15. Awards:
16. Publications: Indexed: Non Indexed:
17. Other Corporate responsibilities:
 - a. In GSVM:
 - b. In Other Societies:
18. Email: **sushilreeta@yahoo.com**
19. Phone /Mobile no: **9839036720** Fax
20. Address for communications: **B-202 Shiva Apartment, Motivihar Society, Sarvodaya Nagar,
Kanpur**

Photo (Passport
Size)