

HOSPITAL STAFF DETAILS

1	NAME	DR. KALICHARAN CHOWDHURY	
	FATHERS NAME	LT. JAGADANAND CHOWDHURY	
	DATE OF BIRTH	11.07.1965	
	QUALIFICATION	MD (HOM)	
	DESIGNATION	MEDICAL SUPERINTENDENT	
	EXPERIENCE	4 YEARS (APPROX)	
	REGISTRATION	CENTRAL COUNCIL OF HOMOEOPATHY	
	EMAIL	chowdhury.k112@gmail.com	
2	NAME	DR. SUNITA SAH	
	HUSBAND'S NAME	N.B. SINGH	
	DATE OF BIRTH	27.01.1962	
	QUALIFICATION	D.H.M.S.	
	DESIGNATION	SENIOR MEDICAL OFFICER	
	PROFESSIONAL EXPERIENCE	24 YEARS (APPROX)	
	REGISTRATION	BOARD OF HOMOEOPATHIC MEDICINE BIHAR	
	EMAIL	sah.sunita1962@gmail.com	
3	NAME	DR. SATYENDRA KUMAR SINGH	
	FATHERS NAME	LATE YOGENDRA NARAYAN SINGH	
	DATE OF BIRTH	06.05.1961	
	QUALIFICATION	D.H.M.S.	
	DESIGNATION	RESIDENTIAL MEDICAL OFFICER	
	PROFESSIONAL EXPERIENCE	34 YEARS (APPROX)	
	REGISTRATION	BOARD OF HOMOEOPATHIC MEDICINE BIHAR	
	EMAIL	drksingh8651@gmail.com	
4	NAME	DR. SAJID ANSARI	
	FATHERS NAME	SARFUL ANSARI	
	DATE OF BIRTH	15.06.1981	
	QUALIFICATION	B.H.M.S.	
	DESIGNATION	MEDICAL OFFICER	
	PROFESSIONAL EXPERIENCE	10 YEARS (APPROX)	
	REGISTRATION	JHARKHAND STATE AYUSH MEDICAL COUNCIL, RANCHI	
	EMAIL	sajidansari1506@gmail.com	
5	NAME	DR. MUNMUN MUKHERJEE	
	FATHERS NAME	SUNIL MUKHERJEE	
	DATE OF BIRTH	26.11.1981	
	QUALIFICATION	B.H.M.S.	
	DESIGNATION	MEDICAL OFFICER	
	PROFESSIONAL EXPERIENCE	12 YEARS (APPROX)	
	REGISTRATION	JHARKHAND STATE AYUSH MEDICAL COUNCIL, RANCHI	
	EMAIL		

6	NAME	DR. SATYENDRA KUMAR CHAUDHARY	
	FATHERS NAME		
	DATE OF BIRTH		
	QUALIFICATION	MS	
	DESIGNATION	SURGEON (GENERAL SURGERY)	
	PROFESSIONAL EXPERIENCE		
	REGISTRATION		
	EMAIL		
7	NAME	DR. STEPHEN HANSDA	
	FATHERS NAME	SRI LILU HANSDA	
	DATE OF BIRTH		
	QUALIFICATION	MBBS, DIPLOMA IN ANAESTHESIA(D.A.)	
	DESIGNATION	ANESTHETIST	
	PROFESSIONAL EXPERIENCE		
	REGISTRATION	THE JHARKHAND COUNCIL OF MEDICAL COUNCIL	
	EMAIL		
8	NAME	DR. VINOD KUMAR MAHTO	
	FATHERS NAME	LATE BHAGU MAHTO	
	DATE OF BIRTH	02.08.1985	
	QUALIFICATION	B.H.M.S.	
	DESIGNATION	HOUSE PHYSICIAN	
	PROFESSIONAL EXPERIENCE	3 YEARS (APPROX)	
	REGISTRATION	JHARKHAND STATE AYUSH MEDICAL COUNCIL, RANCHI	
	EMAIL	dr.vinodmahto@gmail.com	
9	NAME	DR. SUHAIL AHMAD ANSARI	
	FATHERS NAME	MD ZAINUL ANSARI	
	DATE OF BIRTH	24.08.1985	
	QUALIFICATION	B.H.M.S.	
	DESIGNATION	HOUSE PHYSICIAN	
	PROFESSIONAL EXPERIENCE	7 YEARS (APPROX)	
	REGISTRATION	JHARKHAND STATE AYUSH MEDICAL COUNCIL, RANCHI	
	EMAIL	suhaiahmadansari113@gmail.com	
10	NAME	JULIET SURIN	
	FATHERS NAME	ARIEL SURIN	
	DATE OF BIRTH	21.01.1990	
	QUALIFICATION	B.SC (Nursing)	
	DESIGNATION	NURSING STAFF INCHARGE	
	EXPERIENCE	3 YEARS (APPROX)	
	REGISTRATION	T - BBN - 59/ JHARKHAND NURSES REGISTRATION COUNCIL	
	EMAIL	julietsurin21jp@gmail.com	

11	NAME	ARCHANA TOPNO	
	FATHERS NAME	SULEMAN TOPNO	
	DATE OF BIRTH		
	QUALIFICATION	B.SC (Nursing)	
	DESIGNATION	NURSING STAFF	
	EXPERIENCE	FRESHER	
	REGISTRATION	JBN-98/JHARKHAND NURSES REGISTRATION COUNCIL	
	EMAIL		
12	NAME	ALOK KUMAR	
	FATHERS NAME	AMAR NATH PRASAD SAHU	
	DATE OF BIRTH	28.12.1995	
	QUALIFICATION	B.SC (Nursing)	
	DESIGNATION	NURSING STAFF	
	EXPERIENCE	FRESHER	
	REGISTRATION	JBN-821/JHARKHAND NURSES REGISTRATION COUNCIL	
	EMAIL		
13	NAME	SHOBHA YADAV	
	FATHERS NAME	VIRENDRA YADAV	
	DATE OF BIRTH	20.07.1986	
	QUALIFICATION	GNM	
	DESIGNATION	NURSING STAFF	
	EXPERIENCE	FRESHER	
	REGISTRATION	N-7073/ JHARKHAND NURSES REGISTRATION COUNCIL	
	EMAIL		
14	NAME	VIJAY KRISHAN RAO	
	FATHERS NAME	SITARAM RAVIDAS	
	DATE OF BIRTH	28.05.1998	
	QUALIFICATION	DMLT	
	DESIGNATION	PATHOLOGY LAB ATTENDANT (CENTRAL LABORATORY)	
	EXPERIENCE	1 YEAR (APPROX)	
	REGISTRATION	JHARKHAND STATE PARAMEDICAL COUNCIL, RANCHI	
	EMAIL		
15	NAME	SHRAVAN KUMAR	
	FATHERS NAME	SURESH RAM	
	DATE OF BIRTH	01.01.1991	
	QUALIFICATION	D.M.R.T.	
	DESIGNATION	X-RAY TECHNICIAN	
	EXPERIENCE	5 YEARS (APPROX)	
	REGISTRATION	JHARKHAND STATE PARAMEDICAL COUNCIL, RANCHI	
	EMAIL	shrakumar987@gmail.com	

16	NAME	AJIT KUMAR	
	FATHERS NAME	SADHU RAM	
	DATE OF BIRTH	18.08.1980	
	QUALIFICATION	DIPLOMA IN DRESSER/JHARKHAND STATE PARAMEDICAL COUNCIL	
	DESIGNATION	DRESSER	
	EXPERIENCE	3 YEARS (APPROX)	
	REGISTRATION	JHARKHAND STATE PARAMEDICAL COUNCIL, RANCHI	
	EMAIL	ajitkr1438@gmail.com	
17	NAME	RUPAM CHAKRABORTY	
	FATHERS NAME	PARTHA CHAKRABORTY	
	DATE OF BIRTH	01.01.1999	
	QUALIFICATION	INTERMEDIATE	
	DESIGNATION	DISPENSER	
	EXPERIENCE	1 YEAR (APPROX)	
	EMAIL	rupamchakraborty8088@gmail.com	
18	NAME	SANJAY KUMAR AHIR	
	FATHERS NAME	SHRWAN KUMAR AHIR	
	DATE OF BIRTH	09.03.1986	
	QUALIFICATION	B.A.	
	DESIGNATION	X-RAY ATTENDANT	
	EXPERIENCE	1 YEAR (APPROX)	
	EMAIL	sanjaykk014	
19	NAME	BISHESHWAR LOHRA	
	FATHERS NAME	YUGAL LOHRA	
	DATE OF BIRTH	11.02.1990	
	QUALIFICATION	MATRIC	
	DESIGNATION	WARD BOY/SUPPORTIVE	
	EXPERIENCE	2 MONTHS	
20	NAME	VIJAY YADAV	
	FATHERS NAME	RAJPATI YADAV	
	DATE OF BIRTH	01.01.1963	
	QUALIFICATION	MATRIC	
	DESIGNATION	WARD BOY/SUPPORTIVE	
	EXPERIENCE	2 MONTHS	
21	NAME	ANITA DEVI	
	HUSBAND'S NAME	RAJAY BAITHA	
	DATE OF BIRTH	01.01.1973	
	DESIGNATION	AYA(SUPPORTIVE)	
	EXPERIENCE	3 MONTHS	

22	NAME	RATNI DEVI	
	HUSBAND'S NAME	BABLU BAITHA	
	DATE OF BIRTH	01.01.1986	
	DESIGNATION	AYA(SUPPORTIVE)	
	EXPERIENCE	3 MONTHS	
23	NAME	BHIM KUMAR YADAV	
	FATHERS NAME	BRAHMA NAND YADAV	
	DATE OF BIRTH	02.09.1980	
	QUALIFICATION	B.A.	
	DESIGNATION	STORE KEEPER	
24	EXPERIENCE	2 YEARS (APPROX)	
	NAME	SHILPA PRADHAN	
	FATHERS NAME	GUNANIDHI PRADHAN	
	DATE OF BIRTH	06.05.1994	
	QUALIFICATION	B.A.	
	DESIGNATION	REGISTRATION CLERK/TEL. OPERATOR	
	EXPERIENCE	4 YEARS (APPROX)	
25	EMAIL	shilpapradhan025@gmail.com	
	NAME	NISHA KUMARI	
	FATHERS NAME	LAL BABU PRASAD	
	DATE OF BIRTH	30.11.1998	
	QUALIFICATION	MBA	
	DESIGNATION	SECRETARIAL STAFF	
	EXPERIENCE	2 YEARS (APPROX)	
26	NAME	SANJIB BANERJEE	
	FATHERS NAME	LATE APURBA BANERJEE	
	DATE OF BIRTH	02.11.1971	
	QUALIFICATION	B.COM	
	DESIGNATION	ACCOUNTS STAFF	
27	EXPERIENCE	3 YEARS (APPROX)	
	NAME	ASHISH KUMAR YADAV	
	FATHERS NAME	DEVENDRA YADAV	
	DATE OF BIRTH	04.07.1991	
	QUALIFICATION	INTERMEDIATE (SCIENCE)	
28	DESIGNATION	LAB ATTENDANT(AUXILIARY STAFF)	
	EXPERIENCE	3 YEARS (APPROX)	
	NAME	RAVI RANJAN KUMAR	
	FATHERS NAME	GOPAL PRASAD	
	DATE OF BIRTH	09.01.1989	
28	QUALIFICATION	INTERMEDIATE	
	DESIGNATION	DARK ROOM ATTENDANT (AUXILIARY STAFF)	

29	NAME	AKHILESH KUMAR YADAV	
	FATHERS NAME	RAJANTH YADAV	
	DATE OF BIRTH	15.10.1997	
	QUALIFICATION	INTERMEDIATE	
	DESIGNATION	OTHER SUPPORTIVE STAFF (AUXILIARY STAFF)	
	EXPERIENCE	2 YEARS (APPROX)	
30	NAME	RAM PRAKASH YADAV	
	FATHERS NAME	SURAJ YADAV	
	DATE OF BIRTH	01.07.1973	
	QUALIFICATION	B.SC	
	DESIGNATION	OPD REGISTRATION STAFF	
	EXPERIENCE	3 YEARS (APPROX)	
31	NAME	SANDEEP KUMAR CHOUDHARY	
	FATHERS NAME	LATE JAGARNATH CHOUDHARY	
	DATE OF BIRTH	10.07.1981	
	QUALIFICATION	B.A.	
	DESIGNATION	IPD REGISTRATION STAFF	
	EXPERIENCE	2 YEARS (APPROX)	
32	NAME	MAHESH PRASAD YADAV	
	FATHERS NAME	SRI ISHWAR GOPE	
	DATE OF BIRTH	03.10.1982	
	QUALIFICATION	INTERMEDIATE	
	DESIGNATION	MEDICAL RECORD ROOM STAFF	
	EXPERIENCE	3 YEARS (APPROX)	

