

Name of the School/College: _____

S.No.	Name of the Tutor/Lecturer	DNC Regn.No.	Address & telephone nos./mob.no.	Email Address	Teaching experience specifying the subjects (yrs.)		
					Clinical	Teaching with subject	
						Present	Previous
01.							
02							
03							
04							
05							
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(Signature and stamp of the Principal)