

Lt. No...479/n.....

From,

Principal,
Sri Krishna Medical College,
Muzaffarpur.

To,

All HOD's
Preclinical, Para clinical & Clinical Departments,
Sri Krishna Medical College,
Muzaffarpur.

Muz., Date: 27/07/22

Subject: Regarding sending details of faculty members (Assistant professor and above) to attend revised Basic Course Workshop (rBCW) scheduled to be organized in Sri Krishna Medical College, Muzaffarpur.

Dear Sir/Madam,

This is for your kind information that Medical Education Unit (MEU) of Sri Krishna Medical College, Muzaffarpur is going to organize third revised Basic Course Workshop (rBCW) within one and half month.

You are directed to nominate faculty members (Assistant professor and above) from your respective departments and send their details in the performa given below within one week.

Sl. No.	Name of faculty	Designation with department	Mobile No.	Email ID	From where CISP I/II done date and place	Teachers ID
1	2	3	4	5	6	7


27/7/22

Principal

Sri Krishna Medical College,
Muzaffarpur.