

**Office of the Principal
S.K. Medical College,
Muzaffarpur**

Annexure- IB

Employee (Teaching/Non Teaching) :-

Name	Dr. RAKESH KUMAR
Degination	Senior Resident
Designation	Senior Resident
Qualification	MBBS, MU, MS EYE, AKU
Contact No.	9973804963
Email	<u>rakeshsikidiri@yahoo.com</u>
Address	Hostel No. 4 Room No. 64 SKMCH, campus, Muzaffarpur
Aadhar No.	7295 9096 4623
Pan Card	CCIPK 5331G
Dated of Joining	08/09/2015
Pin code	842004



Department head Stamp and Signature

RKS
13/8/18
विभागाध्यक्ष,
ऑस विभाग
डी कृष्ण चिकित्सा महाविद्यालय अस्पताल
मुजफ्फरपुर