

Faculty Profile, MKCG Medical College & Hospital, Berhampur

Name: Prof. (Dr.) Satyadarshi Patnaik

Department: Dermatology, Venereology, Leprosy

Present Designation: Professor & HOD

Date of joining in the present designation: 22.07.2013

Date of joining in the present institution: 07.02.2015 as Professor & HOD

Qualification:

Qualification	College	University	Year	Registration Number and Date	Name of the State Medical Council
M.B.B.S	MKCG Medical College, Berhampur	Berhampur University	1990	10773 dt. 11.09.1990	Odisha Council of Medical Registration, Bhubaneswar
M.D (Skin & VD)	SCB, Medical College, Cuttack	Utkal University	1994	10773 dt. 31.03.2007	-do-
DM/MCh ()					

Details of teaching experience:

(designations/promotions/transfers/resignations/joining)

Designation	Department	Name of institution	From DD/MM/YYYY	To DD/MM/YYYY	Total experience in years and months as on 01.07.2017
Tutor/Demonstrator					
Registrar/Senior Resident/Lecturer	Skin & VD	MKCG MCH	04.09.1997	04.09.2002	5 Y
Assistant Professor	-do-	MKCG, MC	05.09.2002	24.07.2008	5 Y + 10 m
Associate Professor	-do-	MKCG, MC	25.07.2008	21.07.2013	5 Y
Professor	-do-	MKCG, MC	22.07.2013	Continuing	3 Y + 11 m
Any other	-	-	-	-	-
Any other	-	-	-	-	-

Medical Council Registration Renewal Details:

Date of Renewal	31.03.2007
Date of Renewal Validity	31.12.2017

Faculty Profile, MKCG Medical College & Hospital, Berhampur

Name: Dr. Surajit Nayak

Department: Dermatology, Venereology, Leprosy

Present Designation: Associate Professor

Date of joining in the present designation: 23.07.2013

Date of joining in the present institution: 23.07.2003 as Lecturer

Qualification:

Qualification	College	University	Year	Registration Number and Date	Name of the State Medical Council
M.B.B.S	SCB, Medical College, Cuttack	Utkal University	1992	11714 dt. 17.3.1994	Odisha Council of Medical Registration, Bhubaneswar
M.D (Skin & VD)	SCB, Medical College, Cuttack	Utkal University	1998	11714 dt. 18.12.2006	-do-
DM/MCh ()					

Details of teaching experience:

(designations/promotions/transfers/resignations/joining)

Designation	Department	Name of institution	From DD/MM/YYYY	To DD/MM/YYYY	Total experience in years and months as on 01.07.2017
Tutor/Demonstrator					
Registrar/Senior Resident/Lecturer	Skin & VD	MKCG MCH	23.04.2003	12.05.2009	6 Y + 1M
Assistant Professor	-do-	MKCG, MC	13.05.2009	22.07.2013	4 Y + 2M
Associate Professor	-do-	MKCG, MC	23.07.2013	Continuing	3 Y + 11M
Professor	-	-	-	-	-
Any other	-	-	-	-	-
Any other	-	-	-	-	-

Medical Council Registration Renewal Details:

Date of Renewal	18.12.2006
Date of Renewal Validity	31.12.2016

Faculty Profile, MKCG Medical College & Hospital, Berhampur

Name: Dr. Sibasish Patro

Department: Dermatology, Venereology, Leprosy

Present Designation: Assistant Professor

Date of joining in the present designation: 10.04.2017

Date of joining in the present institution: 10.04.2017 as Assistant Professor

Qualification:

Qualification	College	University	Year	Registration Number and Date	Name of the State Medical Council
M.B.B.S	MKCG, Medical College, Brahmapur	Berhampur University	2008	17208	Odisha Council of Medical Registration, Bhubaneswar
M.D (Skin & VD)	SCB, Medical College, Cuttack	Utkal University	2013	17208	-do-
DM/MCh ()					

Details of teaching experience:

(designations/promotions/transfers/resignations/joining)

Designation	Department	Name of institution	From DD/MM/YYYY	To DD/MM/YYYY	Total experience in years and months as on 01.07.2017
Tutor/Demonstrator					
Registrar/Senior Resident/Lecturer	Skin & VD	MKCG MCH	03.01.2014	02.01.2017	3 Y
Assistant Professor	-do-	MKCG, MC	10.04.2017	Continuing	3 M
Associate Professor	-	-	-	-	-
Professor	-	-	-	-	-
Any other	-	-	-	-	-
Any other	-	-	-	-	-

Medical Council Registration Renewal Details:

Date of Renewal	22.07.2013
Date of Renewal Validity	

Faculty Profile, MKCG Medical College & Hospital, Berhampur

Name: Dr. Diptiranjani Bisoyi

Department: Dermatology, Venereology, Leprosy

Present Designation: Senior Resident

Date of joining in the present designation: 17.03.2016

Date of joining in the present institution: 17.03.2016 as Senior Resident

Qualification:

Qualification	College	University	Year	Registration Number and Date	Name of the State Medical Council
M.B.B.S	MKCG, Medical College, Brahmapur	Berhampur University	2010	18024/11	Odisha Council of Medical Registration, Bhubaneswar
M.D (Skin & VD)	SCB, Medical College, Cuttack	Utkal University	2015	18024/15	-do-
DM/MCh ()					

Details of teaching experience:

(designations/promotions/transfers/resignations/joining)

Designation	Department	Name of institution	From DD/MM/YYYY	To DD/MM/YYYY	Total experience in years and months as on 01.07.2017
Tutor/Demonstrator					
Registrar/Senior Resident/Lecturer	Skin & VD	MKCG MCH	17.03.2016	Continuing	1 yr 4 m
Assistant Professor	-	-	-	-	-
Associate Professor	-	-	-	-	-
Professor	-	-	-	-	-
Any other	-	-	-	-	-
Any other	-	-	-	-	-

Medical Council Registration Renewal Details:

Date of Renewal	27.07.2015
Date of Renewal Validity	31.12.2021