**Faculty Proforma for the GMC Budan Website**

Use1. Name: ..Dr Neetu Gautam..

2. Qualification: ..MD Pediatrics

3. Fellowships: ..

4. Date of joining: .................6/10/2018........................

5. Date of Birth: ..05 Jan 1983. Gender: Female..

6. Designation: .............. Assistant Professor..................................................................

7. Department: ..Pediatrics..................................

8. Specialization: ..MD.. Pediatrics...........

9. Area of Interest: …. Pediatrics, Neonatology

10. OPD days: ....................... Tuesday and Friday............................................................................................................

11. OPD Room No.: .....129................. ........................ .Timings: ….8am -4pm.........

12. Super speciality clinic: ....NA....Room No / ward No. : ......NA..........

13. Super speciality clinic days.....................NA..........................Timings: ...............NA..................

14. Awards: .......................................................................................................................................

a.International

b.National

c.State level

d.District Level

15. Achievements:

a. Publications (Index/Peer reviewed): .............

| **Sl.****No.** | **Title of Article** | **Journal** | **Year/Month** |
| --- | --- | --- | --- |
| 12 | Association of MTHFR gene polymorphism with hyper- homocysteinemia and its modulation by vitamin B12 and folic acid in Indian malnourished children. Role of multivitamins, micronutrients and probiotics supplementation in management of HIV infected children | International Journal of medical sciences and healthIndian Journal of Pediatrics | Sept-Dec 2021,Vol 7 issue 3(Under process)December 2014, Volume 81, Issue 12, pp 1315­1320 |

b. Publications (Non indexed): ............................................................................

| **Sl.****No.** | **Title of Article** | **Journal** | **Year/Month** |
| --- | --- | --- | --- |
|  |  |  |  |

c. Books/Book Chapters: ...................................................................................

| **Sl.****No.** | **Author/s** | **Title** | **Publisher** | **Year of publication** | **Page No.** |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |

d. Invited Oral Presentations:...........................................................................................

| **Sl.****No.** | **Title** | **Title of conference/seminar** | **Year of publication** | **Publisher** |
| --- | --- | --- | --- | --- |
| 1 |  |  |  |  |

e. Research Presentations (Oral): National................International............................

| **Sl.****No.** | **Title of the paper** | **Title of conference/ seminar volume** | **Year of publication** | **Publisher** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |

f. Research Presentations (Poster): National................International...............................

| **Sl.****No.** | **Title of the paper** | **Title of conference/ seminar volume** | **Year of publication** | **Publisher** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |

**g.Others : …………………………………………………………………………………………………………………………….**

 **16. Research Work : …………………………………………………………………………………………………**

**a. Research guidance : Awarded Submitted Ongoing**

 **……………………. ……………………… …………………..**

**b. Ongoing Thesis :** ……………………………………………………………………………………………….

| **SI No.** | **Title of the Project** | **Chief/Co-investigators** | **Date of Commencement** | **Expected date of completion** |
| --- | --- | --- | --- | --- |
| 1 |  |  |  |  |
| 2 |  |  |   |  |
| 3 |  |  |  |  |

**c.Other ongoing projects :**

**17. Life Memberships : IAP**

 **18. Grants received : ……… …………………………………………………………………………………**

**19. Other Corporate responsibilities**

**a.**

 **20. Community Services :**

**21. Social Services :**

**22. Previous Appointments : ………**

| S.No. | Name of Post | From  | To | Duration |
| --- | --- | --- | --- | --- |
|  | **Assistant Professor** Government Medical College, Kannauj  | 16.08.2016 | 05.10.2018 | 2 years 2 months |
|  2. | **Senior Resident** Rohilkhand Medical College and Hospital, Bareilly | 07.03.2014 | 13.08.2016 | 2 years 5 months |
|  3. | **Senior Resident**Sanjay Gandhi Memorial Hospital, Delhi | 06.08.2013 | 04.03.2014 | 7 months |
|  4. |  |  |  |  |
|  5. |  |  |  |  |

**23. Email : neetukgmu04@gmail.com…… ………………………………**

**24. Website : ………………………… …………………………………………………………………………………………………………………**

**25. Phone/Mobile No. : (RES)… ………7351558883…………………**

**26. Fax : ……………………………………………………………………………………………………………………………**

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