

Faculty Proforma for the GMC Budan Website



1. Name: **DR. MOHAMMAD SHADAB**
 2. Qualification: .. **MBBS, MD,**
 3. Fellowships: .. **FCM**
 4. Date of joining: **29.02.2016**
 5. Date of Birth: .. Month: **15th of MAY, 1980** Year: Gender: **MALE**
 6. Designation: **ASSISTANT PROFESSOR & H.O.D.**
 7. Department: **PHYSIOLOGY**
 8. Specialization: **PHYSIOLOGY**
 9. Area of Interest: **RESPIRATORY PHYSIOLOGY**
 10. OPD days: **-** **NA**
 11. OPD Room No.: **-** **NA** Timings: **NA**
 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): **8 (4 National & 4 international)**

Sl. No.	Title of Article	Journal	Year/Month

16. Research Work : PULMONARY FUNCTION TESTS IN STREET CLEANER & SEWAGE WORKERS

a. Research guidance : Awarded Submitted Ongoing

b. Ongoing Thesis : NONE

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 : ASSOCIATION OF PHYSIOLOGIST & PHARMACOLOGISTS OF INDIA, ANMS, NEW DELHI, INDIA

18. Grants received : -

19. Other Corporate responsibilities

- a. 1. HEAD OF DEPARTMENT, DEPARTMENT OF PHYSIOLOGY, G.M.C., BADAMN
- 2. INCHARGE CENTRAL LIBRARY, G.M.C., BADAMN
- 3. INCHARGE/ PUBLIC INFORMATION OFFICER, G.M.C., BADAMN

20. Community Services : EDUCATION OF UNDER PRIVILEGED CHILDREN

21. Social Services : WORKED IN SMOKE TRAIN FOR LEFT LIP & LEFT PALATE SURGERIES

22. Previous Appointments :

S.No.	Name of Post	From	To	Duration
1.	SENIOR RESIDENT, JMW, ANM	9.8.2010	8.8.2013	3 YEARS
2.	ASSISTANT PROF.			
3.				
4.				
5.				

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DR. MOHAMMAD SHADAB
ASSISTANT PROFESSOR & H.O.D.

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:.....⁰.....

Sl. No.	Title	Title of conference/seminar	Year of publication	Publisher

e. Research Presentations (Oral): National.....¹.....International.....

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

f. Research Presentations (Poster): National.....³.....International.....

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

g. Others :