

ANNEXURE

Name of The Department

<u>S.No</u>	<u>Name of the official</u>	<u>Designation</u>	<u>Office Address</u>	<u>Contact Mob: Ext:</u>	<u>OPD Days & Room No.</u>	<u>Unit</u>	<u>Days & Timing for particular clinic</u>
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