

**ANNEXURE**

**Name of The Department**

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