

# **K J Somaiya Medical College, Mumbai**

## **Teacher information sheet**

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### **1. Photograph**



**2.. Name of the Teacher:** Dr. Varsha Pai

**3. Date of birth (dd/mm/yyyy):** 28-03-1967

**4. Name of the Department:** Community Medicine

**5. Current post held:** Tutor

**6. Details of educational qualifications (Add more rows if required)**

<b>Qualification</b>	<b>College</b>	<b>University / Affiliating body</b>	<b>Year of passing</b>	<b>Medical Council Registration no. with date</b>	<b>Name of the Medical Council</b>
<b>MBBS</b>	Mysore Medical College	Mysore University	1990	68339 15.02.1990	Maharashtra Medical council
<b>DPH (Preventive and Social Medicine)</b>	LTMMC SION	Bombay University	1996	68339 15.02.1992	Maharashtra Medical council

7. Details of Teaching experience (Add more rows if required)

Designation	Department	Name of the institution	From (dd/mm/yyyy)	To (dd/mm/yyyy)  Mention 'till date' for current post held)	Experience (Years and months)  (Leave blank for current post held)
<b>Tutor/Demonstrator</b>	Community Medicine	K.J.Somaiya Medical College	29/03/2010	Till Date	

8. Details of research publications (mention in chronologic order as per format used in the 'references' section of research articles. For example: Behera B, Das A, Mathur P, Kapil A, Gadepalli R, Dhawan B. Tigecycline susceptibility report from an Indian tertiary care hospital. Indian J Med Res 2009; 129:446–50.) (Mention your name in **Bold** in the author list).

