**Faculty Proforma for the GMC Budan Website**

1. Name: Dr. Sucheta Yadav

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2. Qualification: MD Pathology

3. Fellowships:

4. Date of joining: 13/10/2021

5. Date of Birth: 10/07/1986, Gender: Female

6. Designation: Assistant Professor (Contractual)

7. Department: Immuno-hematology & Blood transfusion

8. Specialization: Pathology

9. Area of Interest: Histopathology & Cytopathology

10. OPD days: .......................NA..............................................................................................................

11. OPD Room No.: ......................N A ........................ .Timings: ....N A............

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** |
| 1.2. | Utility of C4D deposits in native renal diseases and relation with disease progressionRole of Endoscopic Retrograde Cholangio-Pancreatography Guided Brush Cytology in Evaluation of Malignant Biliary Tract Strictures: Experience of a Tertiary Care Teaching Centre in Northern India.  |  Indian Journal of Health Sciences and Biomedical Research (KLEU). Journal of Clinical &amp; Diagnostic Research |  2019/January 2018/ December |

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** |
|  |  |  |  |  |

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 :** C4D deposits in native renal diseases and relation with disease progression

**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 :**

 **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 |
|  |  |  |  |  |
|  2. |  |  |  |  |
|  3. |  |  |  |  |
|  4. |  |  |  |  |
|  5. |  |  |  |  |

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

**25. Phone/Mobile No. : (RES)9310601867**

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

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