FACULTY INFORMATION

Department: Name of the faculty **Dr.Prashant Sonwane** Designation Assisstent Professor Qualification MBBS MD Medicine Academic certification if any and their respective dates.. 2012/06/1497 MMC Registration no Email id drprashantsonwane86@gmail.com Date of joining (current designation) 01/06/2022 Date of joining (this institution) 01/06/2022 Honours/awards/achievements etc. Membership of organisation/committee if any Area of interest -Academic Acitivities **Publication list in Vancouver**