

## FACULTY INFORMATION

<b>Department:</b>	
<b>Name of the faculty</b>	<b>Dr. Shital Sambhaji Londhe</b>
<b>Designation</b>	<b>Assistant Professor</b>
<b>Qualification</b>	<b>MD Pathology</b>
<b>Academic certification if any and their respective dates.</b>	-----
<b>MMC Registration no</b>	<b>2013/12/3618</b>
<b>Email id</b>	<b>londhe.shital@yahoo.in</b>
<b>Date of joining ( current designation)</b>	<b>01/09/2023</b>
<b>Date of joining (this institution)</b>	<b>01/09/2023</b>
<b>Honours/awards/achievements etc.</b>	-----
<b>Membership of organisation/committee if any</b>	-----
<b>Area of interest</b>	-----
<b>Publication list in Vancouver</b>	<b>01 Publication</b>