Marker Name Only Alphabets	Mobile No Only Numer with 10 digit	eMail ID Correct email id, without spaces

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Subject As per the attached subject list only	College Name As per the attached college list only

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Designation	Date of Passing MD / MS	Medical Reg. No.	DoA Asst. Prof.

DoA Asso. Prof.	DoA Proff	Date of Birth	Date of Retirement	Teaching Experienc e UG/PG	Remarks

