

Faculty Proforma for the LLRM Website

1. Name: **Dr.Riyaz Ahmad**
2. Qualification: **M.D.S**
3. Fellowship:
4. Date of Joining: **23.05.2008**
5. Date of Birth: 02 Month: **08**
6. Gender: **Male**
7. Designation: **Professor & Head**
8. Department: **Dental Surgery**
9. Specialization: **Pediatric Dentistry**
10. Area of Interest: **Surgery & Pediatric Dental Patient**
11. OPD days: **Tuesday, Friday**
12. OPD Room No: **08** Timings : **8am – 4pm**
13. Super speciality clinic:-.....Room No/ward No.....
14. Super speciality clinic days:Timings:.....
15. Awards:
- a. International
 - b. National
 - c. State Level
 - d. District Level – **Meerut Ratna Award 2018**
16. Achievements:
- a. Publications (Index/Peer reviewed): **11**



Sl. No.	Title of Article	Journal	Year/Month
---------	------------------	---------	------------

--	--	--	--

Life Memberships : **Indian Society of Pedodontics & Preventive Dentistry**

Grants received :.....

Other Corporate responsibilities : **Tabulator Medical & Dental CCS University Meerut**

In LLRM : **Nodal Officer E-Tender, Co-Nodal Store Incharge Medicine & Surgical**

In Other Societies : **Member Institutional Biosafety committee SVBP Agriculture University Meerut**

Community Services: **Community Dental Health Incharge IDA Meerut Cannt Branch.**

Social Services :

Previous Appointments : **Senior lecture Subharti Dental college Meerut.**

Email : **drriyazahmad@yahoo.com**

Website :.....

Phone/Mobile No. : **9917047860**

Fax :

Address for Communications : **Dental Deptt. LLRM Medical College Meerut.**