



National Commission for Indian System of Medicine

College T...

You can review the information submitted in this College Teaching Staff Details form below before closing.

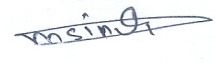


Institution Details

Institution Id : **AYU0331**
Institution Name : **Shivalik Sewa Trust, Shivalik Ayurvedic Medical College & Hospital**
Institution Course : **Ayurveda**
Visitation Id : **A05973**

Personal Information

Part Time Department : **Not Applicable**
Salutation : **Dr.**
Teacher First Name : **Chandra**
Teacher MiddleName Name : **Mauli**
Teacher SurName Name : **Singh**
Teacher's Code Number : **AYSN00422**
Nature of present appointment : **Regular**
Date Of Birth : **28/Jan/1981**
Father Name : **Raj kishore Singh**
Email ID : **drchandramauli760@gmail.com**
Mobile Number : **9455050101**
Gender : **Male**
Mother Name : **Parmila Singh**
PAN Number : **EVGPS0009L**



Current Address

Address Line 1 : **Vill- Wazidpur Post-Taharwazidpur**
Address Line 2 : **PS-Kaptanganj Teh-Budhanpur**
State : **Uttar Pradesh**
City : **Azamgarh**
Pincode : **276141**

Permanent Address

Address Line 1 : **Vill- Wazidpur Post-Taharwazidpur**
Address Line 2 : **PS-Kaptanganj Teh-Budhanpur**
State : **Uttar Pradesh**
City : **Azamgarh**
Pincode : **276141**

Education Details

UG Qualification

State/UT from where the qualifying degree was obtained : **UTTAR PRADESH**

Name of University/Board or medical Institution : **Others**

Other University/Board or medical Institution : **Veer bahadur Singh Purvanchal University jaunpur**

Name of Institution : **Shivalik Sewa Trust, Shivalik Ayurvedic Medical College & Hospital**

Name of the obtained recognized Medical Qualification : **Others**

Other obtained recognized Medical Qualification : **BA**

Year of Passing : **2000**

PG Qualification

PG Qualification 1

PG Degree/PG Diploma : **Others**

State from which Addl. Degree obtained : **UTTAR PRADESH**

Name of the University : **Lucknow University, Lucknow**

Institution Name : **Lucknow University, Lucknow**

Specialization : **M.A. (Sanskrit)**

Year of Passing : **2002**

Additional Qualification

Additional Qualification 1

PG Degree/PG Diploma : **Ph.D.**

State from which Addl. Degree obtained : **UTTAR PRADESH**

Name of the University : **Lucknow University, Lucknow**

Institution Name : **Lucknow University, Lucknow**

Specialization : **Sanskrit**

Year of Passing : **2006**

Topic of PhD : **Sanskrit Kavyashastra ki Dashnik Pristbhumii**

Mode of Study : **Full time**

Details of Experience

State of Institution	District of Institution	Name of the college	Department(Subject)	Designation	From	To
Uttar Pradesh	Azamgarh	Shivalik Sewa Trust, Shivalik Ayurvedic Medical College & Hospital	Ayurved Samhita & Siddhant	Assistant Professor/Lecturer	01/Jul/2020	Till Date

Any gap in between your Job experience?: **No**

Current Job Details

Name of state board : **Not Applicable**

Department : **Ayurved Samhita & Siddhant**

(Subjects)

State Board Registration Number: **0**

Designation : **Assistant Professor/Lecturer**

From Date : **01/Jul/2020**

Bank Account Details

Salary Account Number : **729010110006460**
Name of Bank & Branch : **Bank Of India Azamgarh**

Uploaded Documents

Please click here. to download UG certificate

Please click here. to download PG certificate

Please click here. to download experience certificates

Please click here. to download certified copy of Form 16 (Part-A & Part-B)/26AS

Please click here. to download the Additional Degree certificate

Please click here. to download registration certificate

Please click here. to download copy of Appointment order

Please click here. to download certified copy of Salary paid bank Statement of last one Year.

Please click here. to download documents related to ESIC

Please click here. to download documents related to PPF



Print Submitted Data

Version 15.02.01