



# 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 : **Gaurav**  
Teacher MiddleName Name : **Kumar**  
Teacher SurName Name : **Singh**  
Teacher's Code Number : **AYRB02076**  
Nature of present appointment : **Regular**  
Date Of Birth : **09/Nov/1990**  
Father Name : **Narendra Singh**  
Email ID : **gauravnitin05@gmail.com**  
Mobile Number : **8006447666**  
Gender : **Male**  
Mother Name : **Suman**  
PAN Number : **JJHPS6159F**



*Gaurav Singh*

### Current Address

Address Line 1 : **Campus Shivalik Ayurvedic Medical College**  
Address Line 2 : **Bijarva Bankat Azamgarh**  
State : **Uttar Pradesh**  
City : **Azamgarh**  
Pincode : **276125**

### Permanent Address

Address Line 1 : **Mohalla Dalganj Main Road**  
Address Line 2 : **Ghiror**  
State : **Uttar Pradesh**  
City : **Mainpuri**  
Pincode : **205121**

## Education Details

## UG Qualification

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

Name of University/Board or medical Institution : **Banaras Hindu University, Varanasi**

Name of Institution : **Faculty of Ayurveda Institute Of Medical Science Banaras Hindu University**

Name of the obtained recognized Medical Qualification : **Ayurvedacharya (Bachelor of Ayurvedic Medicine & Surgery)**

Nomenclature of qualification : **B.A.M.S.**

Year of Passing : **2019**

## PG Qualification

## PG Qualification 1

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

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

Name of the University : **Sampurnanand Sanskrit University, Varanasi**

Institution Name : **Govt. Ayurvedic College & Hospital, Varanasi. U.P.**

Specialization : **Ayurveda Vachaspati - M.D. (Rasa Shastra & Bhaishajya)**

Year of Passing : **2024**

## 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	Rasa Shastra & Bhaisajya Kalpana	Assistant Professor/Lecturer	22/Apr/2024	Till Date

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

## Current Job Details

Name of state board : **Board of Ayurvedic and Unani, Tibbi Systems of Medicine, Lucknow, Uttar Pradesh**

Department : **Rasa Shastra & Bhaisajya Kalpana**

(Subjects)

State Board Registration Number: **65136**

Designation : **Assistant Professor/Lecturer**

From Date : **22/Apr/2024**

## Bank Account Details

Salary Account Number : **770110310000041**

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 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 copy of Promotion Order**

**Please click here. to download documents related to ESIC**

**Please click here. to download documents related to PPF**



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