



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.

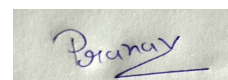


Institution Details

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 : **Pranav**
Teacher MiddleName Name : **prakash**
Teacher SurName Name : **singh**
Teacher's Code Number : **AYDg00653**
Nature of present appointment : **Regular**
Date Of Birth : **07/Jul/1987**
Father Name : **Hari prakash singh**
Email ID : **singhpranav07.2007@gmail.com**
STD Code : **0132**
Mobile Number : **7007185331**
Gender : **Male**
Mother Name : **Saroj Singh**
PAN Number : **Ewbps7395b**



Current Address

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

Permanent Address

Address Line 1 : **village and post office jagdishpur**
Address Line 2 : **distt, jaunpur, Uttarpradesh**
State : **Uttar Pradesh**
City : **Jaunpur**

Pincode : **222002**

Education Details

UG Qualification

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

Name of University/Board or medical Institution : **Hemwati Nandan Bahuguna Garhwal University, Srinagar**

Name of Institution : **Uttaranchal Ayurvedic College**

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

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

Year of Passing : **2012**

PG Qualification

PG Qualification 1

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

State from which Addl. Degree obtained : **UTTARAKHAND**

Name of the University : **Uttarakhand Ayurved University, Dehradun**

Institution Name : **Himalayiya Ayurved Yoga Avam Prakartik Chikitsa Sansthan**

Specialization : **Ayurveda Vachaspati - M.D. (Dravya Guna Vigyana)**

Year of Passing : **2017**

Details of Experience

State of Institution	District of Institution	Name of the college	Department(Subject)	Designation	From	To
Uttar Pradesh	Saharanpur	DOON AYURVEDIC MEDICAL COLLEGE AND HOSPITAL	Dravyaguna Vigyana	Assistant Professor/Lecturer	25/Sep/2017	21/Jan/
Uttar Pradesh	Saharanpur	DOON AYURVEDIC MEDICAL COLLEGE AND HOSPITAL	Agad Tantra avum Vidhi Vaidyaka	Assistant Professor/Lecturer	22/Jan/2019	23/Sep/
Uttar Pradesh	Saharanpur	DOON AYURVEDIC MEDICAL COLLEGE AND HOSPITAL	Agad Tantra avum Vidhi Vaidyaka	Associate Professor/Reader	24/Sep/2022	30/Jan/
Uttar Pradesh	Azamgarh	Shivalik Sewa Trust, Shivalik Ayurvedic Medical College & Hospital	Agad Tantra avum Vidhi Vaidyaka	Associate Professor/Reader	01/Feb/2023	Till D:

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 : **Agad Tantra avum Vidhi Vaidyaka**

(Subjects)

State Board Registration Number: **58295**

Designation : **Associate Professor/Reader**

From Date : **01/Feb/2023**

Bank Account Details

Salary Account Number : **729010110007074**

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



Version 15.02.01