



# 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.

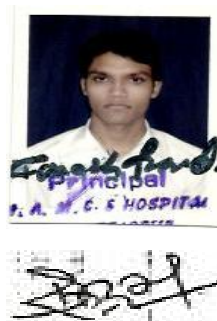


### Institution Details

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 : **RUDRAMANI**  
Teacher SurName Name : **DEEPAK**  
Teacher's Code Number : **AYKC00873**  
Nature of present appointment : **Regular**  
Date Of Birth : **30/Apr/1985**  
Father Name : **SRI PRAHLAD PRASAD DEEPAK**  
Email ID : **deepakruddu@gmail.com**  
Mobile Number : **9532503700**  
Gender : **Male**  
Mother Name : **Lt. NIRMALA GUPTA**  
PAN Number : **AQGPDS651E**



### Current Address

Address Line 1 : **SAIDPUR**  
Address Line 2 : **MUHAMMDABAD GOHANA**  
State : **Uttar Pradesh**  
City : **Mau**  
Pincode : **276403**

### Permanent Address

Address Line 1 : **SAIDPUR**  
Address Line 2 : **MUHAMMDABAD GOHANA**  
State : **Uttar Pradesh**  
City : **Mau**  
Pincode : **276403**

### Education Details

## UG Qualification

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

Name of University/Board or medical Institution : **Babasaheb Bhimrao Ambedkar Bihar University, Muzaffarpur**

Name of Institution : **Nitishwar Ayurved Medical College & Hospital**

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

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

Year of Passing : **2009**

## PG Qualification

## PG Qualification 1

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

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

Name of the University : **Vikram Vishwavidyalaya, Ujjain**

Institution Name : **Pt. Shivshaktilal Sharma Ayurved Mahavidyalaya**

Specialization : **Ayurveda Vachaspati - M.D. (Kayachikitsa)**

Year of Passing : **2015**

## Details of Experience

State of Institution	District of Institution	Name of the college	Department(Subject)	Designation	From	To
Bihar	Muzaffarpur	Nitishwar Ayurved Medical College & Hospital	Kayachikitsa	Assistant Professor/Lecturer	05/Feb/2015	31/Oct/2018
Uttar Pradesh	Azamgarh	Shivalik Sewa Trust, Shivalik Ayurvedic Medical College & Hospital	Kayachikitsa	Assistant Professor/Lecturer	02/Nov/2018	05/Feb/2020
Uttar Pradesh	Azamgarh	Shivalik Sewa Trust, Shivalik Ayurvedic Medical College & Hospital	Kayachikitsa	Associate Professor/Reader	06/Feb/2020	Till Date

Any gap in between your Job experience?: **Yes**

S.NO	From Date	To Date
1	01/Nov/2018	01/Nov/2018

## Current Job Details

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

Department : **Kayachikitsa**

(Subjects)

State Board Registration Number: **55911**

Designation : **Professor**

From Date : **06/Feb/2020**

## Bank Account Details

Salary Account Number : **729010110005833**

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 relieving order**

**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 Joining report**

**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**



**Print Submitted Data**

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