



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.

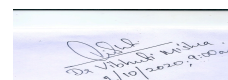


Institution Details

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 : **Vibhuti**
Teacher SurName Name : **Mishra**
Teacher's Code Number : **AYST01776**
Nature of present appointment : **Regular**
Date Of Birth : **27/Dec/1993**
Father Name : **Surya Prakash Mishra**
Email ID : **vibhutimishra9669@gmail.com**
Mobile Number : **8088968490**
Gender : **Male**
Mother Name : **Shailaza Mishra**
PAN Number : **eeupm5597e**



Current Address

Address Line 1 : **24 jhotipur**
Address Line 2 : **MaharajGanj**
State : **Uttar Pradesh**
City : **Azamgarh**
Pincode : **276137**

Permanent Address

Address Line 1 : **24 jhotipur**
Address Line 2 : **MaharajGanj**
State : **Uttar Pradesh**
City : **Azamgarh**
Pincode : **276137**

Education Details

UG Qualification

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

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

Name of Institution : **Bharateeya Sanskriti Prabodhinis Gomantak Ayurveda Mahavidyalaya & Research Centre**

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

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

Year of Passing : **2015**

PG Qualification

PG Qualification 1

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

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

Name of the University : **KLE University, Belgaum - KLE Shri B.M. Kankanawadi Ayurveda Mahavidyalaya, Belgaum**

Institution Name : **KLE University, Belgaum - KLE Shri B.M. Kankanawadi Ayurveda Mahavidyalaya, Belgaum**

Specialization : **Ayurveda Dhanvantri - M.S. (Shalya)**

Year of Passing : **2020**

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	Shalyatantra + (Ksharsutra Lab.)	Assistant Professor/Lecturer	01/Oct/2020	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 : **Shalyatantra + (Ksharsutra Lab.)**

(Subjects)

State Board Registration Number: **63657**

Designation : **Assistant Professor/Lecturer**

From Date : **01/Oct/2020**

Bank Account Details

Salary Account Number : **729010110006515**

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 documents related to ESIC

Please click here. to download documents related to PPF



Print Submitted Data

Version 15.02.01