

I, Dr. Vachaspati Nath Tripathi 61 years, S/O S.N. Tripathi joined in this Shivalik Ayurvedic Medical College & Hospital on 04.08.2020 and the details of my qualification and experience are mentioned below.

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| **S.No.** | **Information of**  **Teacher** | **To be filled up by Teacher** | | | | |
| 1 | Name of Teacher | Dr.Vachaspati Nath Tripathi | | | | |
| 2 | T eacher’s Code | AYRS00476 | | | | |
| 3 | Date of Birth(dd/mm/yyyy) | 11.07.1960 | | | | |
| 4 | UG Qualification | Name of Degree | BAMS | | | |
| Passing of Year | 1984 | | | |
| University | Kanpur Univeristy | | | |
| 5 | PG Qualification | Name of Subject | (MD) Rachna Sharir | | | |
| Passing Year | 1989 | | | |
| University | Rajasthan University, Jaipur | | | |
| 6 | Additional Qualification P.G. Diploma/Ph.D | Subject | NOT APPLICABLE | | | |
| Passing Year | NOT APPLICABLE | | | |
| University | NOT APPLICABLE | | | |
| 7 | Post wise details of Experience in Chronological order from the date of initial appointment | Duration | | Department  (Subject) | Designation | Name of the College |
| From date | To date |
| 04.05.1998 | 15.03.2005 | Rachna Sharir | Lecturer | Rajkiya Ayurved Handia, Prayagraj |
|  |  | 16.03.2005 | 23.06.2005 | Rachna Sharir | Lecturer | Rajkiya Ayurved Handia, Prayagraj |
| 07.11.2009 | 15.03.2011 | Rachna Sharir | Lecturer | Rajkiya Ayurved Handia, Prayagraj |
| 16.03.2011 | 31.12.2015 | Rachna Sharir | Reader | Rajkiya Ayurved Handia, Prayagraj |
| 01.01.2016 | 31.07.2020 | Rachna Sharir | Reader | Rajkiya Ayurved Handia, Prayagraj |
| 04.08.2020 | Till Date | Rachna Sharir | Professor | ShivalikAyurvedic Medical College, Vill-Bijarva, Po-Bankat, Ps-Mubarkpur, The-SagariAzamgarh (U.P.) Pin-276125 |
| 8 | Presently working  Department (Subject) | Rachna Sharir | | | | |
| 9 | Present Designation | Principal | | | | |
| 10 | Nature of present appointment (regular/contract/deputation) | Regular | | | | |
| 11 | Permanent Residential  Address (With Proof) | YIB-115, TrivenipuramJhusiPhulpur, Prayagraj (U.P.) | | | | |
| 12 | Local Residential Address near working place (With Proof) | Campus Shivalik Ayurvedic Medical College, Vill-Bijarva, Po-Bankat, Ps-Mubarkpur, The-SagariAzamgarh (U.P.) Pin-276125 | | | | |
| 13 | State Board/Council Registration details | Registration Number | 38678 | | | |
| Name of State Board | Board of Ayurvedic and Unani, Tibbi Systems of Medicine, Lucknow (U.P.) | | | |
| 14 | Mobile Number | 9889003418 | | | | |
| Email ID | [vanatri@gmail.com](mailto:vanatri@gmail.com) | | | | |
| 15. | Name of the Principal of College | Self | | | | |

I hereby solemnly affirm that the above information is correct as per my records and knowledge. **I am regular teacher in above mentioned college presently residing at Campus Shivalik Ayurvedic Medical College, Bijarva, Bankat, Azamgarh and I am practicing/not practising within regular college hours. My practising address (in case of practising beyond college hours) is not applicable. My salary is credited in my salary account number 729010110006490. I further affirm that I have not presented myself as a teaching faculty to any other institution for the visitation of same academic session. I will follow/already following the requirement of regulation 26 of Prcactioners of Indian Medicine (Standards of Professional Conduct, Etiquette and code of Ethics) Regulations, 1982 I can substantiate these claims with documentary proof as and when asked by THE NATIONAL COMMISSION FOR IDNIAN SYSTEM OF MEDICINE.** If any information given in this affidavit is found to be incorrect/false, I shall be liable for any disciplinary action like debarring from teaching and cancellation of registration in addition to initiating action under the provisions of sections 406 and 420 of Indian Penal Code and other relevant provisions of the Act.

Place :-Azamgarh **Signature of Deponent/Teacher**

**Date :-11/04/2023**

I hereby solemnly affirm that the above information is correct as per my record and knowledge and I personally verified the above information with the original documents of the teacher. **He is full time regular Teacher** and the monthly salary to the teacher is being credited to the teacher’s bank account from the college’s bank account no. 72902011000169. I further affirm that if any information given in this affidavit is found to be incorrect/false, I have no objection for any disciplinary action against the concerned teacher and myself as per law.

Place :-Azamgarh **Signature of the Principal with stamp**

**Date :-11/04/2023**

I/We Dr. Ashok Kumar Singh Owner/Trustee of the college/Society viz Shivalik Sewa Trust hereby solemnly affirm that the above affidavit given by the teacher and principal are correct to my/our knowledge and if the affidavit found to be incorrect/false. I have no objection for any disciplinary action against **college/institution/trust** as per law.

Place :-Azamgarh

**Date :-11/04/2023**

**Signature of the Owner/Trustee of the college**