



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.

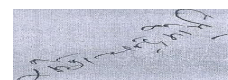


Institution Details

Institution Id : **AYU0331**
Institution Name : **Shivalik Sewa Trust, Shivalik Ayurvedic Medical College & Hospital**
Institution Course : **Ayurveda**
Visitation Id : **A05973**

Personal Information

Part Time Department : **Yoga**
Salutation : **Mr.**
Teacher First Name : **Ramesh**
Teacher MiddleName Name : **Chandra**
Teacher SurName Name : **Maurya**
Nature of present appointment : **Part-Time**
Date Of Birth : **03/Apr/1989**
Father Name : **Siya Ram Maurya**
Email ID : **rameshchandram@gmail.com**
Mobile Number : **8700215054**
Gender : **Male**
Mother Name : **Krishna Devi**
PAN Number : **BTSPM3283R**



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 : **Block A house no-279**
Address Line 2 : **Lane-12-13 Madhu bihar uttam nagar**
State : **Delhi**
City : **Delhi**
Pincode : **110059**

Education Details

UG Qualification

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

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

Other University/Board or medical Institution : **University of Allahabaad**

Name of Institution : **Shivalik Sewa Trust, Shivalik Ayurvedic Medical College & Hospital**

Name of the obtained recognized Medical Qualification : **Others**

Other obtained recognized Medical Qualification : **B.A**

Year of Passing : **2009**

PG Qualification

PG Qualification 1

PG Degree/PG Diploma : **Yoga**

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

Name of the University : **Others**

Other University : **Moraji Desai National institute of Yoga**

Institution Name : **Delhi University, Delhi**

Specialization : **Yoga**

Year of Passing : **2016**

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	Swasthavritta & Yoga	Assistant Professor/Lecturer	01/Dec/2017	Till Date

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

Current Job Details

Name of state board : **Not Applicable**

Department : **Swasthavritta & Yoga**

(Subjects)

Yoga Teacher : **Yes**

State Board Registration Number: **Not Applicable**

Designation : **Assistant Professor/Lecturer**

From Date : **01/Dec/2017**

Bank Account Details

Salary Account Number : **7290**

Name of Bank & Branch : **Bank of India Azamagarh**

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 the Additional Degree certificate

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



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