



National Commission for Indian System of Medicine

Faculty Registration Details

Note: The Commission/Marbisim holds full authority to reject/withdraw any teacher code or to take appropriate action as per rules, if any discrepancy is found in the profile of the teacher.

Show Application History

Show Profile Updation History

Application Type: Appointment Of Teacher
Assigned TO: TO000080
Assigned Teacher Code : AYSV00684

Faculty Details

Teacher Code Reference No. :	TCRA000048959
Applicant Name :	Dr. AMIT YOGENDRA YADAV
Gender :	Male
Date Of Birth :	03/Nov/1992
Father's Name :	YOGENDRA YADAV
Mother's Name :	KANTI DEVI
Teacher Code :	AYSV00684



Institute Details

Institution Id :	AYU0332
Institution Name :	Shri Krishna Ayurvedic Medical College & Hospital
State :	Uttar Pradesh

Contact Details

Teacher's Mobile Number :	8796624824
Teacher's Email Id :	AMITYADAVKUM.311@GMAIL.COM
PAN Number :	AFVPY7217D

Present Address Details

Address Line 1 :	H.NO. 110
Address Line 2 :	MUDWAL AKALA PS NANDGANJ
State :	Uttar Pradesh
City :	Ghazipur
Pin Code :	233302

Permanent Address Details

Address Line 1 : **H.NO. 110**
Address Line 2 : **MUDWAL AKALA PS NANDGANJ**
State : **Uttar Pradesh**
City : **Ghazipur**
Pin Code : **233302**

Notice Period

Duration Of Notice period (In days) **90**

Joining Institute Details

State of Institution Currently Joining :

Name of Institution Currently Joining :

UG Qualification

System of Medicine : **Ayurveda**
State/UT from where the qualifying degree was obtained : **MAHARASHTRA**
Name of University/Board or medical Institution : **Maharashtra University of Health Sciences, Nashik**
Name of Institution : **Dr.D.Y.Patil College of Ayurved and Research Centre,
Pimpri, Pune**
Name of the obtained recognized Medical Qualification : **Ayurvedacharya (Bachelor of Ayurvedic Medicine &
Surgery)**
Nomenclature of qualification : **B.A.M.S.**
Year of Passing : **2014**

PG Qualification

PG Qualification 1
PG Degree/PG Diploma : **M.D.**
State from which Addl. Degree obtained : **MAHARASHTRA**
Name of the University : **Maharashtra University of Health Sciences, Nashik**
Institution Name : **Dr.D.Y.Patil College of Ayurved and Research Centre,
Pimpri, Pune**
Specialization : **Ayurveda Vachaspati - M.D. (Swastha Vritta & Yoga)**
Year of Passing : **2020**

Current Job Details

Name of the Current Institution : **Shri Krishna Ayurvedic Medical College & Hospital**
Current Designation : **Assistant Professor/Lecturer**
Current Department : **Swasthavritta & Yoga**
From Date : **16/Feb/2023**
Do you want to change Department? : **No**

Registration Details

State Board Registration No :

65516

State Board Name :

**Board of Ayurvedic and Unani, Tibbi Systems of Medicine,
Lucknow,Uttar Pradesh**

HPR Number :

46470020635745**Previous Experience Details**

Date of initial appointment:

10/Dec/2020

Row No.	State of the Institution	District of the Institution	Name of the Institution	Department(Subject)	Designation	From	To
1	Uttar Pradesh	Varanasi	DR.VIJAY AYURVEDIC MEDICAL COLLEGE HOSPITAL AND RESEARCH CENTERE	Swasthavritta & Yoga	Assistant Professor/Lecturer	10/Dec/2020	15/Feb/2023
2	Uttar Pradesh	Varanasi	Shri Krishna Ayurvedic Medical College & Hospital	Swasthavritta & Yoga	Assistant Professor/Lecturer	16/Feb/2023	Till Date

Any gap in between your Job experience?:

No**Checklist(Documents to be Verified)**

To view document for Resignation by teacher. Click here.

To view document for Acceptance Of resignation by college. Click here.

To view document for date of birth. Click here.

To view Registration Certificate (Central or State Registration Certificate) Click here.

To view UG Qualification Degree certificate Click here.

To view PG Qualification Degree certificate Click here.

To view Appointment Order Click here.

To view Joining Letter Click here.

To view Experience Certificates Click here.

To view Certified copy of releiving certificate from previous Institution Click here.

To view scanned copy of PAN Card. Click here.