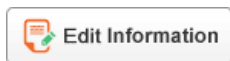




# National Commission for Indian System of Medicine

## College T...

You can review the information submitted in this College Teaching Staff Details form below before closing.



### Institution Details

Institution Id : **AYU0332**  
 Institution Name : **Shri Krishna Ayurvedic Medical College & Hospital**  
 Institution Course : **Ayurveda**  
 Visitation Id : **A05337**

### Personal Information

Part Time Department : **Yoga**  
 Salutation : **Dr.**  
 Teacher First Name : **ANIL**  
 Teacher SurName Name : **TRIPATHI**  
 Nature of present appointment : **Part-Time**  
 Date Of Birth : **01/Sep/1970**  
 Father Name : **SHOBHAMANI TRIPATHI**  
 Email ID : **arun\_suno@yahoo.co.in**  
 Mobile Number : **8840679280**  
 Gender : **Male**  
 Mother Name : **RAMA TRIPATHI**  
 PAN Number : **AJGPT5412J**



*Anil Tripathi*

### Current Address

Address Line 1 : **N 9/36, 3B-R, KEDAR NAGAR COLONY**  
 Address Line 2 : **DLW ROAD, BHU, BAZARDIHA**  
 State : **Uttar Pradesh**  
 City : **Varanasi**  
 Pincode : **221005**

### Permanent Address

Address Line 1 : **N 9/36, 3B-R, KEDAR NAGAR COLONY**  
 Address Line 2 : **DLW ROAD, BHU, BAZARDIHA**  
 State : **Uttar Pradesh**

City : **Varanasi**Pincode : **221005**

## Education Details

### UG Qualification

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

Name of University/Board or medical Institution : **North Maharashtra University, Jalgaon**

Name of Institution : **North Maharashtra University, Jalgaon**

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

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

Year of Passing : **2000**

### PG Qualification

#### PG Qualification 1

PG Degree/PG Diploma : **Yoga**

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

Name of the University : **Banaras Hindu University, Varanasi**

Institution Name : **Banaras Hindu University, Varanasi**

Specialization : **PG Diploma**

Year of Passing : **2004**

### Details of Experience

State of Institution	District of Institution	Name of the college	Department(Subject)	Designation	From	To
Uttar Pradesh	Varanasi	Shri Krishna Ayurvedic Medical College & Hospital	Swasthavritta & Yoga	Assistant Professor/Lecturer	01/Jan/2024	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 : **Swasthavritta & Yoga**

(Subjects)

Yoga Teacher : **Yes**

State Board Registration Number: **47325**

Designation : **Assistant Professor/Lecturer**

From Date : **01/Jan/2024**

### Bank Account Details

Salary Account Number : **3866000100084675**

Name of Bank & Branch : **PNB BHU DLW**

## Uploaded Documents

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**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 Form 16 (Part-A & Part-B)**

**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 documents related to ESIC**

**Please click here. to download documents related to PPF**



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