



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: Fresh Teacher
Assigned TO: TO000080
Current Owner: Institute
Assigned Teacher Code : AYRS01129

Faculty Details

Teacher Code Reference No. :	TCRA000050711
Applicant Name :	Dr. NIVEDITA TRIPATHI
Gender :	Female
Date Of Birth :	13/Sep/1982
Father's Name :	ASHA RAM TRIPATHI
Mother's Name :	SITA TRIPATHI
Teacher Code :	AYRS01129



N. Tripathi

Institute Details

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

Contact Details

Teacher's Mobile Number :	9517439312
Teacher's Email Id :	drniveditatripathiimsbhu@gmail.com
PAN Number :	AOPPT8924F

Present Address Details

Address Line 1 :	W/O PIYUSH KUMAR TRIPATHI
Address Line 2 :	N-1/66 KH-2, DEV NAGAR COLONY, SAMANEGHAT, LANKA
State :	Uttar Pradesh
City :	Varanasi

Pin Code : **221005**

Permanent Address Details

Address Line 1 : **W/O PIYUSH KUMAR TRIPATHI**
Address Line 2 : **N-1/66 KH-2, DEV NAGAR COLONY, SAMANEGHAT,
LANKA**
State : **Uttar Pradesh**
City : **Varanasi**
Pin Code : **221005**

Notice Period

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

UG Qualification

System of Medicine : **Ayurveda**
State/UT from where the qualifying degree was obtained : **UTTAR PRADESH**
Name of University/Board or medical Institution : **Banaras Hindu University, Varanasi**
Name of Institution : **Faculty of Ayurveda Institute Of Medical Science Banaras
Hindu University**
Name of the obtained recognized Medical Qualification : **Ayurvedacharya (Bachelor of Ayurvedic Medicine &
Surgery)**
Nomenclature of qualification : **B.A.M.S.**
Year of Passing : **2005**

PG Qualification

PG Qualification 1
PG Degree/PG Diploma : **M.D.**
State from which Adtl. Degree obtained : **UTTAR PRADESH**
Name of the University : **Others**
Other University : **CHAUDHARY CHARAN SINGH UNIVERSITY, MEERUT**
Institution Name : **Vaidya Yagya Dutt Sharma Ayurved Mahavidyalaya**
Specialization : **Ayurveda Vachaspati - M.D. (Rachana Sharir)**
Year of Passing : **2021**

Current Job Details

Name of the Current Institution : **Shri Krishna Ayurvedic Medical College & Hospital**
Current Designation : **Assistant Professor/Lecturer**
Current Department : **Rachana Sharir**
From Date : **15/Dec/2021**
Do you want to change Department? : **No**

Registration Details

State Board Registration No : **52528**
State Board Name : **Board of Ayurvedic and Unani, Tibbi Systems of Medicine,
Lucknow,Uttar Pradesh**
HPR Number : **85452235676609**

Previous Experience Details

Date of initial appointment: **15/Dec/2021**

Row No.	State of the Institution	District of the Institution	Name of the Institution	Department(Subject)	Designation	From	To
1	Uttar Pradesh	Varanasi	Shri Krishna Ayurvedic Medical College & Hospital	Rachana Sharir	Assistant Professor/Lecturer	15/Dec/2021	Till Date

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

Checklist(Documents to be Verified)

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 scanned copy of PAN Card. Click here.