



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.

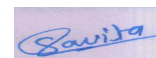
Show Application History

Show Profile Updation History

Application Type: Appointment Of Teacher
Assigned TO: TO000076
Assigned Teacher Code : AYSK00645

Faculty Details

Teacher Code Reference No. :	TCRA000043557
Applicant Name :	Dr. savita Meena
Gender :	Female
Date Of Birth :	08/Sep/1988
Father's Name :	Shiv Charan Meena
Mother's Name :	Kamala Devi
Teacher Code :	AYSK00645



Institute Details

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

Contact Details

Teacher's Mobile Number :	9455470341
Teacher's Email Id :	savitakhuntla@gmail.com
PAN Number :	CMYPM0615F

Present Address Details

Address Line 1 :	B 33/14, P-3 Gandhi Nagar Extention
Address Line 2 :	Naria BHU
State :	Uttar Pradesh
City :	Varanasi
Pin Code :	221005

Permanent Address Details

Address Line 1 : **Vill- Dabra, Tehsapotra**
Address Line 2 : **Karauli**
State : **Rajasthan**
City : **Karauli**
Pin Code : **322255**

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 : **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 : **2013**

PG Qualification

PG Qualification 1
PG Degree/PG Diploma : **M.S.**
State from which Adtl. Degree obtained : **UTTAR PRADESH**
Name of the University : **Banaras Hindu University, Varanasi**
Institution Name : **Faculty of Ayurveda Institute Of Medical Science Banaras Hindu University**
Specialization : **Ayurveda Dhanvantri - M.S. (Shalakya - Netra Roga)**
Year of Passing : **2018**

Current Job Details

Name of the Current Institution : **Shri Krishna Ayurvedic Medical College & Hospital**
Current Designation : **Assistant Professor/Lecturer**
Current Department : **Shalakya Tantra**
From Date : **30/Jul/2021**
Do you want to change Department? : **No**

Registration Details

State Board Registration No :

26570

State Board Name :

Board of Indian Medicine, Rajasthan,Jaipur, Rajasthan

HPR Number :

54231068058169**Previous Experience Details**

Date of initial appointment:

27/Nov/2018

Row No.	State of the Institution	District of the Institution	Name of the Institution	Department(Subject)	Designation	From	To
1	Uttar Pradesh	Chandauli	Jeevak Ayurved Medical College & Hospital	Shalakyta Tantra	Assistant Professor/Lecturer	27/Nov/2018	31/Dec/2020
2	Uttar Pradesh	Varanasi	Shri Krishna Ayurvedic Medical College & Hospital	Shalakyta Tantra	Assistant Professor/Lecturer	30/Jul/2021	Till Date

Any gap in between your Job experience?:

Yes

S.NO	From Date	To Date
1	01/Jan/2021	29/Jul/2021

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 relieving certificate from previous Institution [Click here.](#)

To view scanned copy of PAN Card. [Click here.](#)