



# 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.

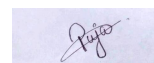
Show Application History

Show Profile Updation History

Application Type: Fresh Teacher  
Assigned TO: TO000080  
Current Owner: Institute  
Assigned Teacher Code : AYKC03604

## Faculty Details

Teacher Code Reference No. :	<b>TCRA000054475</b>
Applicant Name :	<b>Dr. PUJA YADAV</b>
Gender :	<b>Female</b>
Date Of Birth :	<b>05/Jul/1995</b>
Father's Name :	<b>KANHAIYA LAL YADAV</b>
Mother's Name :	<b>SHAIL KUMARI YADAV</b>
Teacher Code :	<b>AYKC03604</b>



## Institute Details

Institution Id :	<b>AYU0332</b>
Institution Name :	<b>Shri Krishna Ayurvedic Medical College &amp; Hospital</b>
State :	<b>Uttar Pradesh</b>

## Contact Details

Teacher's Mobile Number :	<b>7022322386</b>
Teacher's Email Id :	<b>pujay4335@gmail.com</b>
PAN Number :	<b>AMEPY3770D</b>

## Present Address Details

Address Line 1 :	<b>POST-MUBARAKPUR</b>
Address Line 2 :	<b>GOPALPUR, GHAZIPUR</b>
State :	<b>Uttar Pradesh</b>
City :	<b>Ghazipur</b>
Pin Code :	<b>233301</b>

## Permanent Address Details

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Address Line 1 : **POST-MUBARAKPUR**  
Address Line 2 : **GOPALPUR, GHAZIPUR**  
State : **Uttar Pradesh**  
City : **Ghazipur**  
Pin Code : **233301**

## Notice Period

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

## UG Qualification

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System of Medicine : **Ayurveda**  
State/UT from where the qualifying degree was obtained : **KARNATAKA**  
Name of University/Board or medical Institution : **Rajiv Gandhi University of Health Sciences, Bangalore**  
Name of Institution : **SRI SRI COLLEGE OF AYURVEDIC SCIENCE AND RESEARCH**  
Name of the obtained recognized Medical Qualification : **Ayurvedacharya (Bachelor of Ayurvedic Medicine & Surgery)**  
Nomenclature of qualification : **B.A.M.S.**  
Year of Passing : **2017**

## PG Qualification

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PG Qualification 1  
PG Degree/PG Diploma : **M.D.**  
State from which Addl. Degree obtained : **KARNATAKA**  
Name of the University : **Rajiv Gandhi University of Health Sciences, Bangalore**  
Institution Name : **Taranath Ayurveda Vidyapeeth, Bellary**  
Specialization : **Ayurveda Vachaspati - M.D. (Kayachikitsa)**  
Year of Passing : **2022**

## Current Job Details

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Name of the Current Institution : **Shri Krishna Ayurvedic Medical College & Hospital**  
Current Designation : **Assistant Professor/Lecturer**  
Current Department : **Kayachikitsa**  
From Date : **01/Apr/2023**  
Do you want to change Department? : **No**

## Registration Details

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State Board Registration No : **38240**  
State Board Name : **Karnataka Ayurvedic & Unani Practitioner's Board, Bangalore, Karnataka**

HPR Number :

**71068812472224****Previous Experience Details**

Date of initial appointment:

**01/Apr/2023**

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	Kayachikitsa	Assistant Professor/Lecturer	01/Apr/2023	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.](#)

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