



# 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 : **Biostatistician**  
 Salutation : **Mrs.**  
 Teacher First Name : **RASHI**  
 Teacher SurName Name : **AGRAWAL**  
 Nature of present appointment : **Part-Time**  
 Date Of Birth : **28/Jan/1989**  
 Father Name : **RAKESH KUMAR AGRAWAL**  
 Email ID : **sonkanhaiya@gmail.com**  
 Mobile Number : **9532982693**  
 Gender : **Female**  
 Mother Name : **MANJULA AGRAWAL**  
 PAN Number : **AOOPA9044E**



*Rashmi Agrawal*

### Current Address

Address Line 1 : **B-603, RAJ TOWER**  
 Address Line 2 : **BENIPUR POKHRA**  
 State : **Uttar Pradesh**  
 City : **Varanasi**  
 Pincode : **221007**

### Permanent Address

Address Line 1 : **B-603, RAJ TOWER**  
 Address Line 2 : **BENIPUR POKHRA**  
 State : **Uttar Pradesh**

City : **Varanasi**  
 Pincode : **221007**

## Education Details

### UG Qualification

State/UT from where the qualifying degree was obtained : **UTTAR PRADESH**  
 Name of University/Board or medical Institution : **Others**  
 Other University/Board or medical Institution : **VBS PURVANCHAL UNIVERSITY**  
 Name of Institution : **Banaras Hindu University, Varanasi**  
 Name of the obtained recognized Medical Qualification : **Others**  
 Other obtained recognized Medical Qualification : **B.COM**  
 Year of Passing : **2009**

### PG Qualification

#### PG Qualification 1

PG Degree/PG Diploma : **Biostatistician**  
 State from which Addl. Degree obtained : **UTTAR PRADESH**  
 Name of the University : **Banaras Hindu University, Varanasi**  
 Institution Name : **Banaras Hindu University, Varanasi**  
 Specialization : **Biostatistician**  
 Year of Passing : **2011**

### 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	05/Jun/2018	Till Date

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

### Current Job Details

Name of state board : **Not Applicable**  
 Department : **Biostatistician**  
 (Subjects)  
 State Board Registration Number: **725191**  
 Designation : **Assistant Professor/Lecturer**  
 From Date : **05/Jun/2018**

### Bank Account Details

Salary Account Number : **27790100027263**  
 Name of Bank & Branch : **BANK OF BARODA, BHU, VARANASI**

## Uploaded Documents

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**Please click here. to download UG certificate**

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