S.	Information of Teacher							
No.								
1.	Name of the Teacher	DR. SUBHENDU BIKASH SAHU						
2.	Teacher's code	AYST00748						
3.	Date of Birth	10/06/1982						
	(dd /mm/yyyy)							
4.	UG Qualification	Name of BAMS						
		Degree						
		Passing Year						
_		University	SAMBALPUR UNIVERSITY					
5.	PG Qualification Additional	Name of						
		Subject	2014					
		Passing Year	2014					
6.		University	UIKAL	UTKAL UNIVERSITY				
0.	qualification P.G.Diploma/Ph.D. Post wise details of	Subject						
		Passing Year						
7.		University Duration		Department	Designation	Name of the college		
7.	Experience in chronological order from the date of initial appointment	From date			(Subject)	Designation	Name of the conege	
		(dd/mm/yyyy)		n/yyyy)				
		10/05/2014	27/08/2019		SHALYA TANTRA	ASSISTANT	-	
						PROFESSO		
						R		
		28/08/2019	03/09/2019		SHALYA TANTRA	ASSISTANT	JEEVAN JYOTI	
						PROFESSO	AYURVEDIC	
						R	MEDICAL COLLEGE, ALIGARH	
		04/09/2019 TILL)ለፐፑ	SHALYA TANTRA	ASSOCIATE PROFESSO R	JEEVAN JYOTI	
		04/07/2017	TILL DATE				AYURVEDIC	
							MEDICAL COLLEGE,	
							ALIGARH	
8.	Presently working	SHALYA TANTRA						
	Department (Subject)							
9.	Present Designation	ASSOCIATE PROFESSOR						
10.	Nature of present	REGULAR AT- MADUSUDAN NAGAR, POST TALABANIA, PURI 2, DIST PURI, ODISHA, 752002						
	appointment							
	(regular/contract/de							
4.4	putation)							
11.	Permanent							
10	Residential Address	32 J.P. DREAMS, SAI VIHAR COLONY, SARSOL, KOIL, ALIGARH (UP)						
12.	Local Residential Address							
13.	State Board / Council Registration details	Registration Number		65715				
15.								
		Name of State Board		BOARD OF AYURVEDIC AND UNANI TIBBI SYSTEMS OF				
				MEDIC	INE, U.P.			