S.	Information of Teacher							
<b>No.</b> 1.	Name of the Teacher	DR. SAURABHA NAYAK						
2.	Teacher's code	AYKC00994						
3.	Date of Birth (dd /mm/yyyy)	18/05/1978						
4.	UG Qualification	Name of Degree BAMS						
		Passing Year	r 2004					
		University	UTKAL UNIVERSITY, BHUBANESHWAR (ODISHA)					
5.	PG Qualification	Name of Specialty	M.D., KAYACHIKITSA					
		Passing Year	2014					
		University	UTKAL UNIVERSITY, BHUBANESHWAR (ODISHA)					
6.	Additional qualification P.G.Diploma /Ph.D.	Subject	NA					
		Passing Year	NA					
		University	NA					
7.	Post wise details of Experience in chronological order from the date of initial appointment	Duration			Department (Subject)	Designation	Name of the college	
		From date (dd/mm/yyyy)	To date (dd/mm/y		(Bubjeet)			
		01-07-2014	30-06-201	19	KAYA CHIKITSA	ASSISTANT PROFESSOR	SRI SAI AYURVEDIC MEDICAL COLLEGE ALIGARH	
		01-07-2019	27-10-2020		KAYA CHIKITSA	ASSOCIATE PROFESSOR	SRI SAI AYURVEDIC MEDICAL COLLEGE ALIGARH	
		28-10-2020	30-06-2024		KAYA CHIKITSA	ASSOCIATE PROFESSOR	JEEVAN JYOTI AYURVEDIC COLLEGE ALIGARH	
		01-07-2024	TILL DATE		KAYA CHIKITSA	PROFESSOR	JEEVAN JYOTI AYURVEDIC COLLEGE ALIGARH	
8.	Presently working Department (Subject)	KAYA CHIKITSA						
9.	Present Designation	PROFESSOR						
10.	Nature of present appointment (regular/contractual/ deputation)	REGULAR						
11.	Permanent Residential Address (With Proof)	C/O CHHAYAKANTA NAYAK, KRISHNANANDA MATHA LANE, BALIGHAT, PURI -2 (ODISHA) - 752002						
12.	Local Residential Address near working place (With Proof)	TEACHERS COLONY JEEVAN JYOTI AYURVEDIC MEDICAL COLLEGE & HOSPITAL, 10 <sup>TH</sup> K.M. MILE STONE, KHAIR ROAD, LODHA, ALIGARH (UP) - 202140						
13.	State Board / Council	Registration Number 65719						
	Registration details	Name of State Board		BOARD OF AYURVEDIC AND UNANI TIBBI SYSTEMS OF MEDICINE, U.P.				