

S. No.	Information of Teacher					
1.	Name of the Teacher	DR. SHOBHA NAYAK				
2.	Teacher's code	AYKC00791				
3.	Date of Birth (dd /mm/yyyy)	10/02/1979				
4.	UG Qualification	Name of Degree	BAMS			
		Passing Year	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/yyyy)			
		24-04-2014	01-10-2015	SWASTH RAKSHA	ASSISTANT PROFESSOR	SHREE GURU GOBIND SINGH TRICENTENARY UNIVERSTY
		01-12-2015	30-06-2019	ROG NIDAN	ASSISTANT PROFESSOR	SRI SAI AYURVEDIC MEDICAL COLLEGE ALIGARH
		01-07-2019	27-10-2020	ROG NIDAN	ASSOCIATE PROFESSOR	SRI SAI AYURVEDIC MEDICAL COLLEGE ALIGARH
		28-10-2020	30-06-2024	ROG NIDAN	ASSOCIATE PROFESSOR	JEEVAN JYOTI AYURVEDIC COLLEGE ALIGARH
		01-07-2024	TILL DATE	ROG NIDAN	PROFESSOR	JEEVAN JYOTI AYURVEDIC COLLEGE ALIGARH
8.	Presently working Department (Subject)	ROG NIDAN				
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 TH K.M. MILE STONE, KHAIR ROAD, LODHA, ALIGARH (UP) - 202140				

13.	State Board / Council Registration details	Registration Number	65714
		Name of State Board	BOARD OF AYURVEDIC AND UNANI TIBBI SYSTEMS OF MEDICINE, U.P.