| S. | | | Informatio | n of Teacher | | | | | |
|---------------|------------------------------------------------------------------------|------------------------|----------------------|-----------------------------------------------------------|------------------------|---------------------------------------------------------------------------|--|--|--|
| No. 1. | Name of the Teacher | Dr. Shib Kumar Das | | | | | | | |
| 2. | Teacher's code | AYST01169 | | | | | | | |
| 3. | Date of Birth (dd /mm/yyyy) | 06/01/1978 | | | | | | | |
| 4. | UG Qualification | Name of Degree | B.A.M.S. | B.A.M.S. | | | | | |
| | | Passing Year | 2011 | | | | | | |
| | | University | | THE WEST BENGAL UNIVERSITY OF HEALTH SCIENCES, KOLKATA | | | | | |
| 5. | PG Qualification | Name of Specialt | | M.S., SHALYA TANTRA | | | | | |
| | | Passing Year | 2017 | 2017 | | | | | |
| | | University | | RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES, | | | | | |
| 6. | Additional qualification P.G.Diploma /Ph.D. | Subject | NA NA | BANGALORE NA | | | | | |
| | | Passing Year | NA | NA | | | | | |
| | | University | NA | NA | | | | | |
| 7. | Post wise details of | Duration | | Department | Designation | Name of the college | | | |
| | Experience in chronological order from the date of initial appointment | From date (dd/mm/yyyy) | To date (dd/mm/yyyy) | (Subject) | | | | | |
| | | 26/10/2018 | 28/02/2019 | SHALYA TANTRA | ASSISTANT PROFESSOR | Atreya Ayurvedic Medical College, Hospital and Research centre. | | | |
| | | 28/08/2019 | 21/12/2019 | SHALYA TANTRA | ASSISTANT PROFESSOR | RamaKrishna Ayurvedic Medical College | | | |
| | | 22/12/2019 | 19/01/2021 | SHALYA TANTRA | ASSISTANT PROFESSOR | RamaKrishna Ayurvedic Medical College | | | |
| | | 20/01/2021 | 03/03/2021 | RACHANA SHARIR | ASSISTANT PROFESSOR | Atreya Ayurvedic Medical College, Hospital and Research centre. | | | |
| | | 04/03/2021 | 13/12/2021 | RACHANA SHARIR | ASSISTANT PROFESSOR | Atreya Ayurvedic Medical College, Hospital and Research centre. | | | |
| | | 03/01/2022 | 30/11/2023 | RACHANA SHARIR | ASSISTANT PROFESSOR | BelleySankerpur Rajiv Gandhi Memorial Ayurved College & Hospital | | | |
| | | 01/12/2023 | 02/04/2024 | RACHANA SHARIR | ASSOCIATE PROFESSOR | BelleySankerpur Rajiv Gandhi Memorial Ayurved College & | | | |

| | | | | | | Hospital | | |
|-----|--------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|-----------|-----------------------------|------------------------|----------------------------------------------------------------|--|--|
| | | 20/04/2024 | TILL DATE | RACHANA SHARIR | ASSOCIATE PROFESSOR | JeevanJyoti Ayurvedic Medical College& Hospital, Aligarh | | |
| 8. | Presently working Department (Subject) | RACHANA SHARIR | | | | | | |
| 9. | Present Designation | Associate Professor | | | | | | |
| 10. | Nature of present appointment (regular/contractual/ deputation) | Regular | | | | | | |
| 11. | Permanent Residential Address (With Proof) | GOPAL VILLA, BASUDEVPUR NATUN PARA, P.O – SHYAMNAGAR, NORTH 24 PARGANAS, WEST BENGAL, 743127 | | | | | | |
| 12. | Local Residential Address near working place (With Proof) | STAFF QUARTER, JEEVAN JYOTI AYUVEDIC MEDICAL COLLEGE CAMPUS, 10 TH KM MILE STONE, LODHA, ALIGARH, 202140 | | | | | | |
| 13. | State Board / Council | Registration Nur | nber | 13624 | | | | |
| | Registration details | Name of State B | | Fravancore Cochir Kerala | Medical Counc | il, Thiruvananthapuram, | | |