

S. No.	Information of Teacher	To be filled up by Teacher				
1.	Name of the Teacher	DR. MANINDER KAUR				
2.	Teacher's code	AYSS02140				
3.	Date of Birth (dd /mm/yyyy)	09/08/1985				
4.	UG Qualification	Name of Degree	BAMS			
		Passing Year	2010			
		University	BABA FARID UNIVERSITY OF HEALTH SCIENCES, FARIDKOT			
5.	PG Qualification	Name of Subject	M.D. AYURVED SAMHITA & SIDDHANTA			
		Passing Year	2020			
		University	BHARATI VIDYAPEETH (DEEMED UNIVERSITY) PUNE			
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)			
		25/01/2025	05/12/2025	AYURVED SAMHITA & SIDDHANTA	ASSISTANT PROFESSOR	JAY JALARAM AYURVEDIC MEDICAL COLLEGE, GODHARA
		06/12/2025	TILL DATE	AYURVED SAMHITA & SIDDHANTA	ASSISTANT PROFESSOR	JEEVAN JYOTI AYURVEDIC MEDICAL COLLEGE, ALIGARH.
8.	Presently working Department (Subject)	AYURVED SAMHITA & SIDDHANTA				
9.	Present Designation	ASSISTANT PROFESSOR				
10.	Nature of present appointment (regular/contract/deputation)	REGULAR				
11.	Permanent Residential Address	987-G, SHAHEED BHAGAT SINGH NAGAR, BASANT AVENUE, LUDHIANA				
12.	Local Residential Address	STAFF QUARTER, JEEVAN JYOTI AYURVEDIC MEDICAL COLLEGE CAMPUS, 10 TH KM MILE STONE, LODHA, ALIGARH, 202140				
13.	State Board/ Council Registration details	Registration Number	10325			
		Name of State Board	BOARD OF AYURVEDIC & UNANI SYSTEMS OF MEDICINE, CHANDUGARH PUNJAB			