

S. No.	Information of Teacher	To be filled up by Teacher				
1.	Name of the Teacher	DR. PRAVEEN KUMAR YADAV				
2.	Teacher's code	AYST02151				
3.	Date of Birth (dd /mm/yyyy)	21/06/1987				
4.	UG Qualification	Name of Degree	BAMS			
		Passing Year	2013			
		University	TRBHUVAN INSTITUTE OF MEDICINE, KATHMANDU			
5.	PG Qualification	Name of Subject	M.S. SHALYA TANTRA			
		Passing Year	2019			
		University	KLE UNIVERSITY, BELGAUM			
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	<b>Duration</b>		<b>Department (Subject)</b>	<b>Designation</b>	<b>Name of the college</b>
		<b>From date (dd/mm/yyyy)</b>	<b>To date (dd/mm/yyyy)</b>			
		22/06/2022	28/02/2023	SHALYA TANTRA	ASSISTANT PROFESSOR	IIMT AYURVEDIC MEDICAL COLLEGE & HOSPITAL, MEERUT
		01/03/2023	25/09/2025	SHALYA TANTRA	ASSISTANT PROFESSOR	SRI SAI AYURVEDIC MEDICAL COLLEGE & HOSPITAL, ALIGARH
	26/09/2025	TILL DATE	SHALYA TANTRA	ASSISTANT PROFESSOR	JEEVAN JYOTI AYURVEDIC MEDICAL COLLEGE,ALIGARH.	
8.	Presently working Department (Subject)	SHALYA TANTRA				
9.	Present Designation	ASSISTANT PROFESSOR				
10.	Nature of present appointment (regular/contract/deputation)	REGULAR				
11.	Permanent Residential Address	WARD NO. 14, PS SONBARSA, SITAMARHI (BIHAR)				
12.	Local Residential Address	BHAI JI NAGAR COLONY, PHASE-2, GT ROAD, KOIL, ALIGARH				
13.	State Board/ Council Registration details	Registration Number	67357			
		Name of State Board	BOARD OF AYURVEDIC UNANI & TIBBI SYSTEMS OF MEDICINE, U.P.			