

S. No.	Information of Teacher	To be filled up by Teacher				
1.	Name of the Teacher	DR. VIJAY SHANKAR M.R.				
2.	Teacher's code	AYAT00174				
3.	Date of Birth (dd /mm/yyyy)	06/02/1989				
4.	UG Qualification	Name of Degree	BAMS			
		Passing Year	2013			
		University	SHRI CHANDRASHEKHARA SARASWATHI VISWA MAHAVIDYALAY			
5.	PG Qualification	Name of Subject	M.D. AGAD TANTRA AVUM VIDHI VAIDYAKA			
		Passing Year	2017			
		University	RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES KARNATAKA			
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)			
		22/02/2018	09/11/2025	AGAD TANTRA AVUM VIDHI VAIDYAKA	ASSISTANT PROFESSOR	SHRI JAYENDRI SARSWATI AYURVED COLLEGE, CHENNAI
		12/11/2025	12/11/2025	AGAD TANTRA AVUM VIDHI VAIDYAKA	ASSISTANT PROFESSOR	JEEVAN JYOTI AYURVEDIC MEDICAL COLLEGE,ALIGARH.
13/11/2025	TILL DATE	AGAD TANTRA AVUM VIDHI VAIDYAKA	ASSOCIATE PROFESSOR	JEEVAN JYOTI AYURVEDIC MEDICAL COLLEGE,ALIGARH.		
8.	Presently working Department (Subject)	AGAD TANTRA AVUM VIDHI VAIDYAKA				
9.	Present Designation	ASSOCIATE PROFESSOR				
10.	Nature of present appointment (regular/contract/deputation)	REGULAR				
11.	Permanent Residential Address	MURINGOORTHOTTATHIL HOUSE, NJLIBHAGAM, KAVIYOOR POST THRIUVALLA, PATHANAMTHITTA (KERLA)				
12.	Local Residential Address	VASUNDHARA COLONY NEAR NADA BY PASS JALALPUR ALIGARH				
13.	State Board/ Council Registration details	Registration Number	14671			
		Name of State Board	TRAVANCORE COCHIN MEDICAL COUNCIL KERLA			