

| S. No. | Information of Teacher | To be filled up by Teacher | | | | |
|---------------|---|--|--|-----------------------------|---------------------|--|
| 1. | Name of the Teacher | Dr. Mithun Mahata | | | | |
| 2. | Teacher's code | AYSS02453 | | | | |
| 3. | Date of Birth (dd /mm/yyyy) | 31/03/1996 | | | | |
| 4. | UG Qualification | Name of Degree | BAMS | | | |
| | | Passing Year | 2020 | | | |
| | | University | THE WEST BENGAL UNIVERSITY OF HEALTH SCIENCES, KOLKATA | | | |
| 5. | PG Qualification | Name of Subject | M.D. AYURVEDA SAMHITA & SIDHANTA | | | |
| | | Passing Year | 2026 | | | |
| | | University | THE WEST BENGAL UNIVERSITY OF HEALTH SCIENCES, KOLKATA | | | |
| 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) | | | |
| | | 30/05/2026 | TILL DATE | AYURVED SAMHITA & SIDDHANT | ASSISTANT PROFESSOR | Jeevan Jyoti Ayurvedic Medical College, Aligarh. |
| 8. | Presently working Department (Subject) | AYURVED SAMHITA & SIDDHANT | | | | |
| 9. | Present Designation | ASSISTANT PROFESSOR | | | | |
| 10. | Nature of present appointment (regular/contract /deputation) | REGULAR | | | | |
| 11. | Permanent Residential Address | VILL POST RAUTARA, PS BARIKUL, DIST BANKURA, WEST BENGAL- 722135 | | | | |
| 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 | 12723 | | | |
| | | Name of State Board | PASCHIM BANGA AYURVED PARISHAD | | | |
| 14. | Mobile Number | 9635320163 | | | | |
| | Email ID | mithunmahata763@gmail.com | | | | |
| 15. | Name of the Principal of college | Dr. Rabi Narayan Mahanta | | | | |