

<b>S. No.</b>	<b>Information of Teacher</b>	<b>To be filled up by Teacher</b>				
1.	Name of the Teacher	DR. SAURABHA NAYAK				
2.	Teacher's code	AYKC00994				
3.	Date of Birth (dd /mm/yyyy)	18/05/1978				
4.	UG Qualification	Name of Degree	BAMS			
		Passing Year	2004			
		University	UTKAL UNIVERSITY, BHUBANESHWAR (ODISHA)			
5.	PG Qualification	Name of Specialty	M.D., KAYACHIKITSA			
		Passing Year	2014			
		University	UTKAL UNIVERSITY, BHUBANESHWAR (ODISHA)			
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>			
		01-07-2014	30-06-2019	KAYA CHIKITSA	ASSISTANT PROFESSOR	SRI SAI AYURVEDIC MEDICAL COLLEGE ALIGARH
		01-07-2019	27-10-2020	KAYA CHIKITSA	ASSOCIATE PROFESSOR	SRI SAI AYURVEDIC MEDICAL COLLEGE ALIGARH
		28-10-2020	30-06-2024	KAYA CHIKITSA	ASSOCIATE PROFESSOR	JEEVAN JYOTI AYURVEDIC COLLEGE ALIGARH
		01-07-2024	TILL DATE	KAYA CHIKITSA	PROFESSOR	JEEVAN JYOTI AYURVEDIC COLLEGE ALIGARH
8.	Presently working Department (Subject)	KAYA CHIKITSA				
9.	Present Designation	PROFESSOR				
10.	Nature of present appointment (regular/contractual/ deputation)	REGULAR				
11.	Permanent Residential Address (With Proof)	C/O CHHAYAKANTA NAYAK, KRISHNANANDA MATHA LANE, BALIGHAT, PURI -2 (ODISHA) - 752002				
12.	Local Residential Address near working place (With Proof)	TEACHERS COLONY JEEVAN JYOTI AYURVEDIC MEDICAL COLLEGE & HOSPITAL, 10 <sup>TH</sup> K.M. MILE STONE, KHAIR ROAD, LODHA, ALIGARH (UP) - 202140				

13.	State Board / Council Registration details	Registration Number	65719
		Name of State Board	BOARD OF AYURVEDIC AND UNANI TIBBI SYSTEMS OF MEDICINE, U.P.
14.	Mobile Number	9437873386	
	Email ID	dr_sourav78@yahoo.co.in	
15.	Name of the Principal of college	DR. RABI NARAYAN MAHANTA	