

S. No.	Information of Teacher	To be filled up by Teacher				
1.	Name of the Teacher	DR. SUBHENDU BIKASH SAHU				
2.	Teacher's code	AYST00748				
3.	Date of Birth (dd /mm/yyyy)	10/06/1982				
4.	UG Qualification	Name of Degree	BAMS			
		Passing Year	2007			
		University	SAMBALPUR UNIVERSITY			
5.	PG Qualification	Name of Subject	M.S. SHALYA TANTRA			
		Passing Year	2014			
		University	UTKAL UNIVERSITY			
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)			
		10/05/2014	27/08/2019	SHALYA TANTRA	ASSISTANT PROFESSOR	BS RGMAC & H, W.B.
		28/08/2019	03/09/2019	SHALYA TANTRA	ASSISTANT PROFESSOR	JEEVAN JYOTI AYURVEDIC MEDICAL COLLEGE, ALIGARH
		04/09/2019	13/05/2024	SHALYA TANTRA	ASSOCIATE PROFESSOR	JEEVAN JYOTI AYURVEDIC MEDICAL COLLEGE, ALIGARH
14/05/2024	TILL DATE	SHALYA TANTRA	PROFESSOR	JEEVAN JYOTI AYURVEDIC MEDICAL COLLEGE, ALIGARH		
8.	Presently working Department (Subject)	SHALYA TANTRA				
9.	Present Designation	PROFESSOR				
10.	Nature of present appointment (regular/contract/deputation)	REGULAR				
11.	Permanent Residential Address	AT- MADUSUDAN NAGAR, POST.- TALABANIA, PURI 2, DIST.- PURI, ODISHA, 752002				
12.	Local Residential Address	32 J.P. DREAMS, SAI VIHAR COLONY, SARSOL, KOIL, ALIGARH (UP)				
13.	State Board / Council Registration details	Registration Number	65715			
		Name of State Board	BOARD OF AYURVEDIC AND UNANI TIBBI SYSTEMS OF MEDICINE, U.P.			
14.	Mobile Number	7978431948				
	Email ID	vd.kunu2@gmail.com				
15.	Name of the Principal of college	Dr. Rabi Narayan Mahanta				