

| S. No. | Information of Teacher | To be filled up by Teacher | | | | |
|--------|---|---|---|-----------------------------|---------------------|--|
| 1. | Name of the Teacher | DR. SHOBHA NAYAK | | | | |
| 2. | Teacher's code | AYKC00791 | | | | |
| 3. | Date of Birth (dd /mm/yyyy) | 10/02/1979 | | | | |
| 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 | Duration | | Department (Subject) | Designation | Name of the college |
| | | From date (dd/mm/yyyy) | To date (dd/mm/yyyy) | | | |
| | | 24-04-2014 | 01-10-2015 | SWASTH RAKSHA | ASSISTANT PROFESSOR | SHREE GURU GOBIND SINGH TRICENTENARY UNIVERSTY |
| | | 01-12-2015 | 30-06-2019 | ROG NIDAN | ASSISTANT PROFESSOR | SRI SAI AYURVEDIC MEDICAL COLLEGE ALIGARH |
| | | 01-07-2019 | 27-10-2020 | ROG NIDAN | ASSOCIATE PROFESSOR | SRI SAI AYURVEDIC MEDICAL COLLEGE ALIGARH |
| | | 28-10-2020 | 30-06-2024 | ROG NIDAN | ASSOCIATE PROFESSOR | JEEVAN JYOTI AYURVEDIC COLLEGE ALIGARH |
| | | 01-07-2024 | TILL DATE | ROG NIDAN | PROFESSOR | JEEVAN JYOTI AYURVEDIC COLLEGE ALIGARH |
| 8. | Presently working Department (Subject) | ROG NIDAN | | | | |
| 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 | TEACHERS COLONY JEEVAN JYOTI AYURVEDIC MEDICAL COLLEGE & HOSPITAL, 10 TH | | | | |

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|-----|---|---|---|
| | Address near working place (With Proof) | K.M. MILE STONE, KHAIR ROAD, LODHA, ALIGARH (UP) - 202140 | |
| 13. | State Board / Council Registration details | Registration Number | 65714 |
| | | Name of State Board | BOARD OF AYURVEDIC AND UNANI TIBBI SYSTEMS OF MEDICINE, U.P. |
| 14. | Mobile Number | 9438555872 | |
| | Email ID | drshobha14@yahoo.com | |
| 15. | Name of the Principal of college | DR. RABI NARAYAN MAHANTA | |