

ANNEXURE-I

PROFORMA TO FURNISH THE DETAILS OF TEACHING STAFF

S. No.	Name of the Teacher and teacher code	Father's Name	Date of Birth	UG Qualification (University & year)	PG Qualification with subject (University & year)	Date wise details of Experience in chronological order (1st appointment to till date)				Nature of present appointment (regular/ contractual/ deputation)	Local Residential Address	Permanent Address	Telephone No. & Mobile No. of Teacher	Photograph of Teacher (Attested by the Principal)	Signature of Teacher (At the time of visitation)	Verification by visitors
						Duration (dd/mm/yyyy)	Designation	Name of the college	Department (Subject of)							

1.	DR. Y NAGESHWARA RAO AYSK0779	Y SURYANARAYANA	05/OCT/1964	AYURVEDA (BAMC) NAGARJUNA UNIVERSITY NAGARJUNA NAGAR, 1989	AYURVEDA VACHASPATI- M.D (SHALAKYA) UNIVERSITY OF HEALTH SCIENCES & 1994	23/12/1997 TO 24/12/1998	ASSISTANT PROFESSOR/L ECTURER	TALIKA SHIKSHANA PRASARAK SAHNKARA MANDAL AYURVEDIC MEDICAL COLLEGE											
						16/10/2001 TO 02/11/2004	ASSISTANT PROFESSOR/L ECTURER	SRI SAIRAM AYURVEDA MEDICAL COLLEGE & RESEARCH CENTER											
						03/11/2004 TO 30/06/2009	ASSOCIATE PROFESSOR/ READER	SRI SAIRAM AYURVEDA MEDICAL COLLEGE & RESEARCH CENTER											
						02/11/2009 TO 28/11/2013	PROFESSOR	BAPUJI AYURVEDIC COLLEGE											
						29/11/2013 TO 24/12/2014	PROFESSOR	SHRI VIJAY MAHENTHESH AYURVEDIC MEDICAL COLLEGE											
						29/12/2014 TO 30/07/2016	PROFESSOR	SHEKHAWATI AYURVED MEDICAL COLLEGE											
						30/12/2016 TO 05/02/2019	PROFESSOR	JAMMU INSTITUTE OF AYURVEDA & RESEARCH											
						01/04/2019 TO 14/12/2019	PROFESSOR	NORANG RAM DAYANAND AYURVED COLLEGE											
						16/12/2019 TO 30/09/2021	PROFESSOR	SOM TRUSTS AYURVED MEDICAL COLLEGE											
						11/02/2023 TO 04/12/2023	PROFESSOR	SHANTI INSTITUTE OF MEDICAL AND HIGHER STUDIES, SHANTI AYURVEDIC MEDICAL COLLEGE AND HOSPITAL											
						01/05/2025 TO TILL DATE	PROFESSOR	ACHARYA DHRUBASHA AYURVEDA MEDICAL COLLEGE, HOSPITAL AND RESEARCH CENTER											

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ASHA BHAWAN, CHAKMAHILA BIHAR SITAMARHI, 843302

SHALAKYA TANTRA

REGULAR

Signature of Principal with date 05/25



Note:

- 1. Please attach the certified copies of Under-Graduate and Post-Graduate Degree Certificate, Registration Certificate, Experience Certificates and Relieving Order along with original self certified declaration form (Affidavit) as per prescribed format of newly appointed teaching staff after last visitation. The provisional certificates will be considered only for two years after passing the examination.**
- 2. All the teachers shall sign the Proforma in the presence of the visitors of NCISM. The visitors will sign against the names of each teacher.**
- 3. The duly signed Proforma shall be uploaded as an annexure in the visitor's report.**

