S. No.	Information of Teacher	To be filled up by Teacher						
1.	Name of the Teacher	Dr. Gopal Chaubey						
2.	Teacher's code	AYSV00359						
3.	Date of Birth (dd /mm/yyyy)	02/08/1986						
4.	UG Qualification	Name of Degree		BAMS				
		Passing Year		2012				
		University		MUHS Nasik				
5.	PG Qualification	Name of Specialty		Swasthvritta				
		Passing Year		2018 CCS University Meanath				
	Additional	University		CCS University Meerath				
6.	Additional qualification	Subject Paging Year						
	P.G.Diploma/Ph.D.	Passing Year University						
7.	P.G.Dipioma/Ph.D.  Post wise details of	<b>Duration</b>			Department	Designation	Name of the college	
/.	Experience in chronological order from the date of initial appointment			date	(Subject)	Designation	Name of the conege	
		(dd/mm/yyyy)		nm/yyyy)	(0.00,000)			
		22/12/2018	23/0	2/2019	Swasthvritta & Yoga	Asst.Prof	Chandra Shekhar Singh Ayurvedic Sansthan Kaushambi	
		08/09/2019	05/10/2023		Swasthvritta & Yoga	Asst.Prof	Shri Krishna Ayurvedic Medical College & Hospital Varanasi	
		06/10/2023	23/12/2023		Swasthvritta & Yoga	Asst.Prof	Jeevak Ayurved Medical College & Hospital Research Center Kamlapur Akauni Chandauli	
		24/12/2023	Continue		Swasthvritta & Yoga	Associate Professor	Jeevak Ayurved Medical College & Hospital Research Center Kamlapur Akauni Chandauli	
8.	Presently working Department (Subject)	Swasthvritta & Yoga						
9.	Present Designation	Associate Professor						
10.	Nature of present appointment (regular/contract/de	Regular						
11.	putation) Permanent	Dudhaunda Patrahi Jaunpur 222129						
	Residential Address	-						
12.	Local Residential Address	PLAT NO- 20 SANT GOPAL NAGAR BADI PATIYA, BAJARDIHA VARANASI UP 221109						
13.	State Board/ Council							
4.4	Registration details	Name of State Board		Board of Ayurvedic &Unanai Tibbi Systems of Medicine UP				
14.	Mobile Number	9935574574						
<u></u>	Email ID	~ .	drgopal19935@gmail.com					
15.	Name of the Principal of college	Prof. Gopal Das Gupta						