S. No.	Information of Teacher	To be filled up by Teacher						
1.	Name of the Teacher	Dr. Kamodkumar Shamrao Girhepunje						
2.	Teacher's code	AYKC03575						
3.	Date of Birth (dd /mm/yyyy)	15/06/1988						
4.	UG Qualification	Name of Degree		BAMS				
		Passing Year		2013				
		ž – – – – – – – – – – – – – – – – – – –		MUHS Nasik				
5.	PG Qualification			Kaychikitsa				
		Passing Year		2017				
		University		BHU Varanasi				
6.	Additional qualification P.G.Diploma/Ph.D.	Subject Kaychikitsa						
		Passing Year		2022				
					⁷ aranasi			
7.	Post wise details of Experience in chronological order from the date of initial appointment	Duration			Department Designation		Name of the college	
			From date To da		(Subject)			
		(dd/mm/yyyy) 01/11/2017	(dd/mi	m/yyyy) '2018	Kaychikitsa	Lecturer	SAS Ayurvedic Medical	
		04 /04 /2040	31/01/2022		Wassalati ti	DL D	College Varanasi BHU Varanasi	
		01/01/2019			Kaychikitsa	PhD		
		04/02/2022	26/05/20		Kaychikitsa	Consultant	Dr. Sakuntala Ayurvedic College jaunpur	
		26/05/2022	09/01/2024		Kaychikitsa	Lecturer	Shri Krishna Ayurvedic Medical College Varanasi	
		10/01/2024	15/01/2024		Kaychikitsa	Lecturer	Jeevak Ayurved Medical College & Hospital research Center Chandauli	
		16/01/2024	Continu	ue	Kaychikitsa	Reader	Jeevak Ayurved Medical College & Hospital research Center Chandauli	
8.	Presently working Department (Subject)	Kaychikitsa						
9.	Present Designation	Reader						
10.	Nature of present	Regular						
	appointment (regular/contract/depu tation)							
11.	Permanent Residential Address	Flat No- 601 Roma Golf Link Apartment Ganeshpur Varanasi 221004						
12.	Local Residential Address	Flat No- 601 Roma Golf Link Apartment Ganeshpur Varanasi 221004						
13.	State Board/ Council	Registration Number		67284				
	Registration details	Name of State Board		Board of Ayurvedic &Unanai Tibbi Systems of Medicine UP				
14.	Mobile Number	7983213267						
	Email ID		amodgirhepunje@gmail.com					
15.	Name of the Principal of college	Prof. Gopal Das Gupta						