

S. No.	Information of Teacher	To be filled up by Teacher				
1.	Name of the Teacher	Dr. Ranjan Tyagi				
2.	Teacher's code	Applied				
3.	Date of Birth (dd /mm/yyyy)	05/11/1992				
4.	UG Qualification	Name of Degree	BAMS			
		Passing Year	2019			
		University	Banaras Hindu University (BHU) Varanasi			
5.	PG Qualification	Name of Specialty	Shalakya Tantra			
		Passing Year	2024			
		University	Banaras Hindu University (BHU) Varanasi			
6.	Additional qualification P.G.Diploma/Ph.D.	Subject				
		Passing Year				
		University				
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)			
		29/01/2024	Continue	Shalakya Tantra	Lecturer	Jeevak Ayurved Medical College & Hospital Research Center Kamlapur,Akauni, Chandauli
8.	Presently working Department (Subject)	Shalakya Tantra				
9.	Present Designation	Lecture				
10.	Nature of present appointment (regular/contract/deputation)	Regular				
11.	Permanent Residential Address	S1/31- K -1A CHUPPEPUR NEAR CENTRAL JAIL ROAD VARANASI				
12.	Local Residential Address	S1/31- K -1A CHUPPEPUR NEAR CENTRAL JAIL ROAD VARANASI				
13.	State Board/ Council Registration details	Registration Number	65104			
		Name of State Board	Board of Ayurvedic &Unanai Tibbi Systems of Medicine UP			
14.	Mobile Number	8005464877				
	Email ID	ranjantayagi92@gmail.com				
15.	Name of the Principal of college	Prof. Gopal Das Gupta				