S. No.	Information of Teacher	To be filled up by Teacher				
1.	Name of the Teacher	**Dr. Amit Kumar Singh**				
2.	Teacher's code	AYST00916				
3.	Date of Birth (dd /mm/yyyy)	28/06/1975				
4.	UG Qualification	Name of Degree	BAMS			
		Passing Year	2004			
		University	Rajiv Gandhi University			
5.	PG Qualification	Name of Specialty	Shalya Tantra			
		Passing Year	2011			
		University	Rajiv Gandhi University			
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)**			
		01/01/2012	30/04/2015	**Shalya Tantra**	**Consultant /Lecturer**	**Santushti Ayurved Medical College Chunar**
		01/05/2015	04/05/2017	**Rachana Sharir**	**Lecturer**	**Santushti Ayurved Medical College Chunar**
		05/05/2017	20/09/2023	**Rachana Sharir**	**Reader**	**Santushti Ayurved Medical College Chunar**
		10/10/2023	23/11/2023	**Rachana Sharir**	**Reader**	**Sarvdev Ayurvedic Medical College & Maha Mrityunjay Hospital , Azamgarh**
		24/11/023	**Continue**	**Rachana Sharir**	**Reader**	**Jeevak Ayurved Medical College & Hospital Research Center**
8.	Presently working Department (Subject)	**Rachana Sharira**				
9.	Present Designation	Reader				
10.	Nature of present appointment (regular/contract/deputation)	Regular				
11.	Permanent Residential Address	C-14/160-1-1 Kajipura, soniya Varanasi Chhitupur, Mahmoorganj, UP 221010				
12.	Local Residential Address	C-14/160-1-1 Kajipura, soniya Varanasi Chhitupur, Mahmoorganj, UP 221010				
13.	State Board/ Council Registration details	Registration Number	49598			
		Name of State Board	Board of Ayurvedic &Unanai Tibbi Systems of Medicine UP			
14.	Mobile Number	9648999949				
	Email ID	singhdramitkumar3@gmail.com				
15.	Name of the Principal of college	Prof. Gopal Das Gupta				