

S. No.	Information of Teacher	To be filled up by Teacher				
1.	Name of the Teacher	Dr. Sushil Kumar				
2.	Teacher's code	Applied				
3.	Date of Birth (dd /mm/yyyy)	30/07/1990				
4.	UG Qualification	Name of Degree	BAMS			
		Passing Year	2019			
		University	BHU VARANASI			
5.	PG Qualification	Name of Specialty	Ayurved Samhita & Sidhant			
		Passing Year	2023			
		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)			
		27/01/2024	Continue	Ayurved Samhita & Sidhant	Lecturer	Jeevak Ayurved Medical College & Hospital Research Center Kamlapur
8.	Presently working Department (Subject)	Ayurved Samhita & Sidhant				
9.	Present Designation	Lecture				
10.	Nature of present appointment (regular/contract/deputation)	Regular				
11.	Permanent Residential Address	Village Dadara, Post- Rajgarh Mirzapur				
12.	Local Residential Address	N10/26 A1F Jankinagar Colony Lane no - 4 Kakarmatta Varanasi 221010				
13.	State Board/ Council Registration details	Registration Number	65124			
		Name of State Board	Board of Ayurvedic & Unani Tibbi Systems of Medicine UP			
14.	Mobile Number	7526012006				
	Email ID	drsushil@bhu.ac.in				
15.	Name of the Principal of college	Prof. Gopal Das Gupta				