Print Submitted Data

National Commission for Indian System of Medicine

Faculty Registration Details

Note: The Commission/Marbism holds full authority to reject/withdraw any teacher code or to take appropriate action as per rules, if any discrepancy is found in the profile of the teacher.

Show Application History

Show Profile Updation History

Application Type: Fresh Teacher
Assigned TO: TO000080
Current Owner: Institute
Assigned Teacher Code : AYSN00745

Faculty Details

Teacher Code Reference No. :	**TCRA000057461**
Applicant Name :	**Dr. AMIT KUMAR TIWARI**
Gender :	**Male**
Date Of Birth :	**06/Jul/1990**
Father's Name :	**VIDYADHAR TIWARI**
Mother's Name :	**USHA TIWARI**
Teacher Code :	**AYSN00745**

Institute Details

Institution Id :	**AYU0332**
Institution Name :	**Shri Krishna Ayurvedic Medical College & Hospital**
State :	**Uttar Pradesh**

Contact Details

Teacher's Mobile Number :	**9005088681**
Teacher's Email Id :	**amitrocker250@gmail.com**
PAN Number :	**BOCPT9161E**

Present Address Details

Address Line 1 :	**Lamhi,**
Address Line 2 :	**Lamhi**
State :	**Uttar Pradesh**
City :	**Varanasi**
Pin Code :	**221007**

Permanent Address Details

Address Line 1 :	**Lamhi,**
Address Line 2 :	**Lamhi**
State :	**Uttar Pradesh**
City :	**Varanasi**
Pin Code :	**221007**

Notice Period

Duration Of Notice period (In days)	**90**

UG Qualification

System of Medicine :	**Ayurveda**
State/UT from where the qualifying degree was obtained :	**UTTAR PRADESH**
Name of University/Board or medical Institution :	**Sampurnanand Sanskrit University, Varanasi**
Name of Institution :	**Sampurnanand Sanskrit University, Varanasi**
Name of the obtained recognized Medical Qualification :	**Others**
Other obtained recognized Medical Qualification :	**shashtri degree**
Year of Passing :	**2012**

PG Qualification

PG Qualification 1

PG Degree/PG Diploma :	**Others**
State from which Addl. Degree obtained :	**UTTAR PRADESH**
Name of the University :	**Sampurnanand Sanskrit University, Varanasi**
Institution Name :	**Sampurnanand Sanskrit University, Varanasi**
Specialization :	**M.A. (Sanskrit)**
Year of Passing :	**2014**

Current Job Details

Name of the Current Institution :	**Shri Krishna Ayurvedic Medical College & Hospital**
Current Designation :	**Assistant Professor/Lecturer**
Current Department :	**Ayurved Samhita & Siddhant**
From Date :	**01/Apr/2024**
Do you want to change Department? :	**No**

Registration Details

State Board Registration No :	**337706**
State Board Name :	**Board of Ayurvedic and Unani, Tibbi Systems of Medicine, Lucknow,Uttar Pradesh**
HPR Number :	**71670635813631**

Previous Experience Details

Date of initial appointment: **01/Apr/2024**

Row No.	State of the Institution	District of the Institution	Name of the Institution	Department(Subject)	Designation	From	To
1	Uttar Pradesh	Varanasi	Shri Krishna Ayurvedic Medical College & Hospital	Ayurved Samhita & Siddhant	Assistant Professor/Lecturer	01/Apr/2024	Till Date

Any gap in between your Job experience?: **No**

Checklist(Documents to be Verified)

To view document for date of birth. Click here.

To view Registration Certificate (Central or State Registration Certificate) Click here.

To view UG Qualification Degree certificate Click here.

To view PG Qualification Degree certificate Click here.

To view Appointment Order Click here.

To view Joining Letter Click here.

To view Experience Certificates Click here.

To view scanned copy of PAN Card. Click here.

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