I **Dr. Shipra Singh** , aged 36 Years, D/o Prabhu Narayan joined in this **Jeevak Ayurved Medical College & Hospital, Research Center Kamlapur ,Akauni, Chandauli Uttar Pradesh** on 12/11/2024 and the details of my qualification and experience are mentioned below.

Passport Size Photograph of teacher (To be attested by Principal)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **S.**  **No.** | **Information of Teacher** | **To be filled up by Teacher** | | | | | | |
|  | Name of the Teacher | **Dr. Shipra Singh** | | | | | | |
|  | Teacher’s code | AYKS01050 | | | | | | |
|  | Date of Birth  (dd /mm/yyyy) | 30/05/1987 | | | | | | |
|  | UG Qualification | Name of Degree | | BAMS | | | | |
| Passing Year | | 2009 | | | | |
| University | | R G U H S Banglore | | | | |
|  | PG Qualification | Name of Specialty | | Kriya Sharir | | | | |
| Passing Year | | 2022 | | | | |
| University | | Chhatrapati shahuji Maharaj University Kanpur | | | | |
|  | Additional qualification P.G.Diploma/Ph.D. | Subject | |  | | | | |
| Passing Year | |  | | | | |
| University | |  | | | | |
|  | 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)** | | |
| **01/11/2022** | **11/04/2023** | | | Kriya Sharir | **Lecturer** | **Dr. Vijay Ayurved Medical College and Hospital Varanasi** |
| **12/04/2023** | **11/11/2024** | | | Kriya Sharir | **Lecturer** | **Apex Instute of Ayurvedic Medicine and Hospital Mirzapur** |
| **12/11/2024** | **Continue** | | | Kriya Sharir | **Lecturer** | **Jeevak Ayurved Medical College & Hospital Research Center** |
|  |  | | |  |  |  |
|  | Presently working Department (Subject) | Kriya Sharir | | | | | | |
|  | Present Designation | Lecture | | | | | | |
|  | Nature of present appointment (regular/contract/deputation) | Regular | | | | | | |
|  | Permanent Residential Address | 3/40 Z Navalpur Shivpur Varanasi UP 221003 | | | | | | |
|  | Local Residential Address | 3/1930 beside Roma Building Panchwati Road Ramnagar Varanasi UP 221008 | | | | | | |
|  | State Board/ Council Registration details | Registration Number | | | 56742 | | | |
| Name of State Board | | | Board of Ayurvedic &Unanai Tibbi Systems of Medicine UP | | | |
|  | Mobile Number | 9454585855 | | | | | | |
| Email ID | [**dr.shiprasingh04@gmail.com**](mailto:dr.shiprasingh04@gmail.com) | | | | | | |
|  | Name of the Principal of college | Prof. Gopal Das Gupta | | | | | | |

I hereby solemnly affirm that the above information is correct as per my records and knowledge. **I am regular teacher in above mentioned college presently residing at 3/1930 beside Roma Building** **Panchwati Road Ramnagar Varanasi UP 221008**  **(Distance from college—6 KM.) and I am practicing /not practicing beyond regular college hours. My practicing address (in case of practicing beyond college hours) is no. My salary is credited in my salary account number 365301000007447. I further affirm that I have not presented myself as a teaching faculty to any other institution for the visitation of same academic session. I will follow/already following the requirement of regulation 26 of Practitioners of Indian Medicine (Standards of Professional Conduct, Etiquette and Code of Ethics) Regulations, 1982. I can substantiate these claims with documentary proof as and when asked by THE NATIONAL COMMISSION FOR INDIAN SYSTEM OF MEDICINE**. If any information given in this affidavit is found to be incorrect/ false, I shall be liable for any disciplinary action like debarring from teaching and cancellation of registration in addition to initiating action under the provisions of sections 406 and 420 of Indian Penal code and other relevant provision of the Act.

Place:

Date:

**Signature of Deponent/ Teacher**

I hereby solemnly affirm that the above information is correct as per my record and knowledge and I personally verified the above information with the original documents of the teacher. **He is full time regular teacher** and the monthly salary to the teacher is being credited to the teacher’s bank account from the college’s bank account no. **100202000001373**. I further affirm that if any information given in this affidavit is found to be incorrect/ false, I have no objection for any disciplinary action against the concerned teacher and myself as per law.

Place:

Date

**Signature of Principal with Stamp**

I/we Dr. Sunil Kumar Gautam Owner/Trustees of the college/Society viz. Gautam Charitable Trust hereby solemnly affirm that the above affidavit given by the teacher and principal are correct to my/our knowledge and if the affidavit found to be incorrect/false, I have no objection for any disciplinary action against **college/institution/trust** as per law.

Place:

Date:

**Signature of the Owner/Trustee of the college**