S. No.	Information of Teacher	To be filled up by Teacher						
1.	Name of the Teacher	Priya Singh						
2.	Teacher's code	AYDG01179						
3.	Date of Birth (dd /mm/yyyy)	16/01/1992						
4.	UG Qualification	Name of Degree	BAMS	BAMS				
		Passing Year		2016				
		University		Panjab University				
5.	PG Qualification	Name of Specialty		Dravyaguna				
		Passing Year		2019				
		University		Bharati Vidyapeeth Deemed University Pune				
6.	Additional	Subject						
	qualification	Passing Year						
	P.G.Diploma/Ph.D.	University						
7.	Post wise details of Experience in chronological order from the date of initial appointment	Duration			Department	Designation	Name of the college	
		From date	To d		(Subject)	ļ.		
		(dd/mm/yyyy)	(dd/mn		D	Lastrone	Institute of Ayush	
		04/10/2019	4/10/2019 31/12/		Dravyaguna	Lecturer	Medical Sciences	
							Lucknow	
		05/05/2022	Contin	ıe	Dravyaguna	Lecturer	Jeevak Ayurved Medical College & Hospital Research Center	
	D. d. li							
8.	Presently working Department (Subject)	Dravyaguna						
9.	Present Designation	Lecturer						
10.	Nature of present appointment (regular/contract/de putation)	Regular						
11.	Permanent Residential Address	Mangolepur Ps- Cholapur Varanasi						
12.	Local Residential Address	Mangolepur Ps- Cholapur Varanasi						
13.	State Board/ Council			65398				
	Registration details	Name of State E	Board	Board	Board of Ayurvedic & Unnani Tibbi Systems of Medicine UP			
14.	Mobile Number	7696047601	696047601					
ļ	Email ID	priyasingh.160192@gmail.com						
15.	Name of the Principal of college	Prof. Gopal Das Gupta						