



# National Commission for Indian System of Medicine

College T...

You can review the information submitted in this College Teaching Staff Details form below before closing.



## Institution Details

Institution Id : **AYU0331**  
Institution Name : **Shivalik Sewa Trust, Shivalik Ayurvedic Medical College & Hospital**  
Institution Course : **Ayurveda**  
Visitation Id : **A05973**

## Personal Information

Part Time Department : **Biostatistician**  
Salutation : **Mr.**  
Teacher First Name : **Buddhiman**  
Teacher SurName Name : **Chauhan**  
Nature of present appointment : **Part-Time**  
Date Of Birth : **01/Feb/1965**  
Father Name : **Ramchet chauhan**  
Email ID : **chauhanbudhhi@gmail.com**  
Mobile Number : **9452849731**  
Gender : **Male**  
Mother Name : **Sundari devi**  
PAN Number : **BTSPM3283C**



## Current Address

Address Line 1 : **Vill- Asilae Post-Ahiraula**  
Address Line 2 : **Ahiraula**  
State : **Uttar Pradesh**  
City : **Azamgarh**  
Pincode : **223221**

## Permanent Address

Address Line 1 : **Vill- Asilae Post-Ahiraula**  
Address Line 2 : **Ahiraula**  
State : **Uttar Pradesh**  
City : **Azamgarh**  
Pincode : **223221**

## Education Details

## UG Qualification

State/UT from where the qualifying degree was obtained : **UTTAR PRADESH**

Name of University/Board or medical Institution : **Others**

Other University/Board or medical Institution : **Avadh University Faizabaad**

Name of Institution : **Shivalik Sewa Trust, Shivalik Ayurvedic Medical College & Hospital**

Name of the obtained recognized Medical Qualification : **Others**

Other obtained recognized Medical Qualification : **BA**

Year of Passing : **1986**

## PG Qualification

### PG Qualification 1

PG Degree/PG Diploma : **Biostatistician**

State from which Addl. Degree obtained : **UTTAR PRADESH**

Name of the University : **Others**

Other University : **Avadh University Faizabaad**

Institution Name : **Shivalik Sewa Trust, Shivalik Ayurvedic Medical College & Hospital**

Specialization : **Biostatistician**

Year of Passing : **1988**

## Details of Experience

State of Institution	District of Institution	Name of the college	Department(Subject)	Designation	From	To
Uttar Pradesh	Azamgarh	Shivalik Sewa Trust, Shivalik Ayurvedic Medical College & Hospital	Others	Assistant Professor/Lecturer	15/Dec/2017	Till Date

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

## Current Job Details

Name of state board : **Not Applicable**

Department : **Biostatistician**

(Subjects)

State Board Registration Number: **Not Applicable**

Designation : **Assistant Professor/Lecturer**

From Date : **15/Dec/2017**

## Bank Account Details

Salary Account Number : **7290**

Name of Bank & Branch : **Bank of India Azamgarh**

## Uploaded Documents

**Please click here. to download UG certificate**

**Please click here. to download PG certificate**

**Please click here. to download experience certificates**

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