


I Dr. SARVESH KUMAR BHARTI aged 37 Years, S/o MARCHHOO RAM joined in this BAPU AYURVEDIC MEDICAL COLLEGE EVAM HOSPITAL LANDANPUR KOPAGANJ MAU on 07-12-2021 and the details of my qualification and experience are mentioned below.

| S. No. | Information of Teacher | To be filled up by Teacher | | | |  |
|--------|---|--|---|----------------------|------------------------------|---|
| | | Duration | | Department (Subject) | Designation | |
| 1. | Name of the Teacher | DR. SARVESH KUMAR BHARTI | | | | |
| 2. | Teacher's code | AYDG00835 | | | | |
| 3. | Date of Birth (dd /mm/yyyy) | 01/05/1984 | | | | |
| 4. | UG Qualification | Name of Degree | B.A.M.S. | | | |
| | | Passing Year | 2011 | | | |
| | | University | BANARAS HINDU UNIVERSITY VARANASI | | | |
| 5. | PG Qualification | Name of Subject | AYURVEDA VACHASPATI –M.D. (DRAVYA GUNA VIGYANA) | | | |
| | | Passing Year | 2016 | | | |
| | | University | BANARAS HINDU UNIVERSITY 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) | | | |
| | | 05/12/2016 | 31/12/2018 | DRAVYAGUNA VIGYANA | ASSISTANT PROFESSOR/LECTURER | BAPU AYURVEDIC MEDICAL COLLEGE & HOSPITAL |
| | | 01/01/2019 | 06/12/2021 | AGAD TANTRA | LECTURER | BAPU AYURVEDIC MEDICAL COLLEGE & HOSPITAL |
| | | 07/12/2021 | Till Date | DRAVYAGUNA VIGYANA | Associate Professor/Reader | BAPU AYURVEDIC MEDICAL COLLEGE & HOSPITAL |
| 8. | Presently working Department (Subject) | DRAVYAGUNA VIGYANA | | | | |
| 9. | Present Designation | Associate Professor/Reader | | | | |
| 10. | Nature of present appointment (regular/contract/deputation) | REGULAR | | | | |
| 11. | Permanent Residential Address | VILL- MEURI KALA POST- MEURIKALA ,MAU (U.P.)-221706 | | | | |
| 12. | Local Residential Address | VILL- MEURI KALA POST- MEURIKALA ,MAU (U.P.)-221706 | | | | |
| 13. | State Board / Council Registration details | Registration Number | 57935 | | | |
| | | Name of State Board | BOARD OF AYURVEDIC AND UNANI TIBBI SYSTEM OF MEDICINE ,U.P. | | | |
| 14. | Mobile Number | 9415619252 | | | | |
| | Email ID | sarve.ims.bhu07@gmail.com | | | | |
| 15. | Name of the Principal of college | DR. N.K. JAISWAL | | | | |