



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: TO000076
Current Owner: Institute
Assigned Teacher Code : AYSS02397

Faculty Details

Teacher Code Reference No. :	TCRA000063231
Applicant Name :	Dr. KAVITHA K S
Gender :	Female
Date Of Birth :	01/Jun/1993
Father's Name :	SIDDARAJE URS
Mother's Name :	VANI
Teacher Code :	AYSS02397



Institute Details

Institution Id :	AYU0356
Institution Name :	Shri Babu Singh Jay Singh Ayurvedic Medical College and Hospital
State :	Uttar Pradesh

Contact Details

Teacher's Mobile Number :	9738516753
Teacher's Email Id :	kavithaurs1993@gmail.com
PAN Number :	epek4263j

Present Address Details

Address Line 1 :	TEACHERS CAMPUS SBSJS AYURVEDIC
Address Line 2 :	MEDICAL COLLEGE BHAUPUR BEWAR ROAD FATEHGARH
State :	Uttar Pradesh
City :	Farrukhabad
Pin Code :	209602

Permanent Address Details

Address Line 1 :	D, 918 2ND STAGE NEAR SANGEETHA , CORNER
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Address Line 2 : **THEERTHANKARA MARG SIDDHARTH NAGAR VTC**
MAYORE
State : **Karnataka**
City : **Mysuru(Mysore)**
Pin Code : **570011**

Notice Period

Duration Of Notice period (In days) **30**

UG Qualification

System of Medicine : **Ayurveda**
State/UT from where the qualifying degree was obtained : **KARNATAKA**
Name of University/Board or medical Institution : **Rajiv Gandhi University of Health Sciences, Bangalore**
Name of Institution : **Bhagvan Mahavir Jain Ayurved College,PG centre**
Name of the obtained recognized Medical Qualification : **Ayurvedacharya (Bachelor of Ayurvedic Medicine & Surgery)**
Nomenclature of qualification : **B.A.M.S.**
Year of Passing : **2014**

PG Qualification

PG Qualification
PG Degree/PG Diploma : **M.D.**
State from which Addl. Degree obtained : **KARNATAKA**
Name of the University : **Rajiv Gandhi University of Health Sciences, Bangalore**
Institution Name : **Govt. Ayurveda Medical College & Hospital, Mysore**
Specialization : **Ayurveda Vachaspati - M.D. (Ayurveda Samhita & Sidhanta)**
Year of Passing : **2026**

Current Job Details

Name of the Current Institution : **Shri Babu Singh Jay Singh Ayurvedic Medical College and Hospital**
Current Designation : **Assistant Professor/Lecturer**
Current Department : **Ayurved Samhita & Siddhant**
From Date : **19/May/2026**
Do you want to change Department? : **Yes**
Changed Designation : **Assistant Professor/Lecturer**

Registration Details

State Board Registration No : **35692**
State Board Name : **Karnataka Ayurvedic & Unani Practitioner's Board, Bangalore, Karnataka**
HPR Number : **71116700172032**

Previous Experience Details

Date of initial appointment: **19/May/2026**

Row No.	State of the Institution	District of the Institution	Name of the Institution	Department(Subject)	Designation	From	To
1	Uttar Pradesh	Farrukhabad	Shri Babu Singh Jay Singh Ayurvedic Medical College and Hospital	Ayurved Samhita & Siddhant	Assistant Professor/Lecturer	19/May/2026	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 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/Transfer Order [Click here.](#)

To view Joining Letter [Click here.](#)

To view Experience Certificates [Click here.](#)

To view scanned copy of PAN Card. [Click here.](#)

To view NTET Eligibility certificate/Score card. [Click here.](#)