

**PRABUDDH AYURVEDIC MEDICAL COLLEGE HOSPITAL & REASERCH CENTRE ,  
LUCKNOW**

**PROFORMA FOR FURNISH THE DETAILS OF TEACHING STAFF**

S.no	Name of the Teacher			Email Id	Date of Birth	UG Qualification (University & year)	PG Qualification on with subject (University & Year)	Department (Subject) Teacher Code Number	Nature of Present Appointment	State Board Ragistration no.	Telephone no	Photo
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