



अखिल भारतीय आयुर्वेद संस्थान
ALL INDIA INSTITUTE OF AYURVEDA (AIIA)
(आयुष मंत्रालय, भारत सरकार के अंतर्गत स्वायत्त संस्थान)
(An Autonomous Organization under the Ministry of Ayush, Government of India)

To

HoD - Coordinator (CME - Kriya Sharira),
Department of Kriya Sharira, Room No. 302, Academic Block,
All India Institute of Ayurveda, Gautampuri,
Mathura Road, Sarita Vihar, New Delhi - 110076

Sub: Application for attending CME on Kriya Sharira - reg.

Sir,

I hereby submit my application to participate in CME being organized by your institute in the subject of Kriya Sharira dated 9th - 14th May, 2022. My required details are as follows:-

Full Name (in BLOCK letters)

DR. JAYANTH S.
SREENIVASA MURTHY, I. ET.

Father's Name

Date of Birth

23-06-1986 Age: 35 Gender: MALE

Educational Qualification:

Name of Degree	Subject	Specialization
M.D. AYURVEDA	KAYACHIKITSA	KRIYA SHARIRA

Registration Number

27382 NCISM/CCIM Teachers Code: AYKCO1308

Designation

Associate Prof. Department: KRIYA SHARIRA

Name of Institute

HILLSIDE AYURVEDA MEDICAL COLLEGE & HOSPITAL

Experience

06 Years 03 Months

Have you participated in ROTP/ CME earlier: YES/ NO

YES/ NO

If Yes, Details of ROTP/ CME should be completed by candidate:

ROTP/CME	Organizing institute	Dates

Full address for correspondence with Pin Code:

1. Office

HILLSIDE AYURVEDA MEDICAL COLLEGE & HOSPITAL
#17/412, SALPODDI, AGARA VILLAGE, FENCHERI HOBLI Bangalore

2. Residence

Dr. JAYANTH S. #30, GRANTHAKRUPA - 560082
NINAYAKA LAYOUT, KARABAGERE, Bangalore North

Mobile Number

9743203024

-562130

गौतमपुरी, सरिता विहार, मथुरा रोड, नई दिल्ली - 110076

Gautampuri, Sarita Vihar, Mathura road, NEW DELHI-110076

E-mail: director@aiia.gov.in Phone: 011-29948658 Fax: 011-29948660



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ALL INDIA INSTITUTE OF AYURVEDA (AIIA)
(आयुष मंत्रालय, भारत सरकार के अर्जित स्वास्थ्य संस्थान)
(An Autonomous Organization under the Ministry of Ayush, Government of India)

jayanthinapore@gmail.com
635163103191

E-mail ID
Aadhaar No.
Bank Details: **KARNATAKA BANK** Branch: **RAJIVGANDHARALLI**
Name of the Bank **91222500101216801** IFSC Code: **KAR00000912**
Account No.

The information furnished above is true and correct as per the best of my knowledge and I accept full responsibility for the same. I shall abide the instruction given by the organizer for smooth conduction of Programme.

Date: _____

Recommendation of the Head of the Institute:

Principal

Hillside Ayurveda Medical College & Hospital
#174/2, Saldoddi, Agara Village, Kengeri Hobli,
Bangalore South, Bangalore-560 082.

Signature of applicant

Principal

Hillside Ayurveda Medical College & Hospital
#174/2, Saldoddi, Agara Village, Kengeri Hobli,
Bangalore South, Bangalore-560 082.

(Note: If the information given above is incomplete in any respect, the form will not be considered)

गौतमपुरी, सरिता विहार, मधुरा रोड, नई दिल्ली 110076

Goulampuri, Sarita Vihar, Madhura road, NEW DELHI-110076
E-mail: director@aiaa.gov.in Phone: 011-29948658 FAX: 011-29948660

ಭಾರತೀಯ ವಿಶೇಷ ಗುರುತು ಪ್ರಾಧಿಕಾರ

Unique Identification Authority of India



ವಿಳಾಸ:

ಐ ಐ ಐ ಶ್ರೀನಿವಾಸಮೂರ್ತಿ, 30, ಕೋಯ್ಲೆ

ಬಹಾವಣಿ, ಕಡಬಗರೆ, ದಾಸನಪುರ ಹೋಬಳಿ,

ಕಡಬಗರೆ, ಬೆಂಗಳೂರು,

ಕರ್ನಾಟಕ - 562130

"SELF ATTESTED"

Karnataka - 562130

Dasanapura Hobli, Kadabagere,

Vinayaka Layout, Kadabagere,

S/O. G Srinivasamurthy, 30,

Address:

6351 6310 3191



1947

www

www.uidai.gov.in



ಭಾರತ ಸರ್ಕಾರ

Government of India



ಜಯಂತ್ ಎಸ್

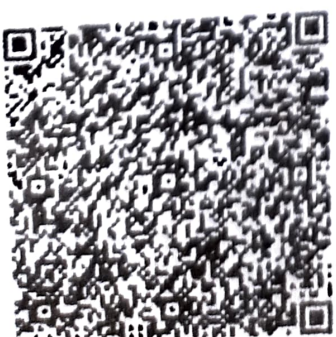
Jayanth S

ಜನ್ಮ ದಿನಾಂಕ/DOB: 23/06/1986

ಪುರುಷ/ MALE

"SELF ATTESTED"

6351 6310 3191



ಜನ್ಮ ಆಧಾರ್, ಜನ್ಮ ಸುರುತು

039930



ರಾಜೀವ್ ಗಾಂಧಿ ಆರೋಗ್ಯ ವಿಜ್ಞಾನಗಳ ವಿಶ್ವವಿದ್ಯಾಲಯ
 ಕರ್ನಾಟಕ
 RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES
 KARNATAKA
 ಡಾ|| ಜಯಂತ್ ಎಸ್

ಇವರು, ವ್ಯಾಜ್ಞೇಶ್ವರ ಸಾವರಿಗೆ ಯಾವ ಯೋಗ್ಯತೆಯ ಅಭಿವ್ಯಕ್ತಿಗಳನ್ನು
 ಅಕ್ಟೋಬರ್ ೨೦೧೫ ರ ಪರೀಕ್ಷೆಯಲ್ಲಿ ಪೂರೈಸಿರುವುದನ್ನು ಪ್ರಶ್ನಿಸಿ ನೋಡುತ್ತ
 ಆಯುರ್ವೇದ ವಾಚಸ್ಪತಿ (ಎಂ. ಡಿ. - ಆಯುರ್ವೇದ) - ಕಾಯಚಿಕಿತ್ಸ

ವ್ಯಾಜ್ಞೇಶ್ವರ ಸಾವರಿನನ್ನು ಹಲಾಳಿಸಿ, ಸಹಾಯಿಸಿ, ಉಪಶಮಿ ಹಾಗೂ ಸೇವೆ ಮತ್ತು ಸಂರಕ್ಷಣೆ ಸಮರ್ಥವಾಗುವ
 ವಾಕ್ಯ ೦೫ನೇ ಏಪ್ರಿಲ್ ೨೦೧೬ ರಂದು ನಡವ ೧೮ ನೇ ಘಟಕೋತ್ಸವದಲ್ಲಿ
 ವಿಶ್ವವಿದ್ಯಾಲಯದ ಅಧಿಕಾರ ಮುದ್ರೆಯೊಡನೆ ಪ್ರವಾಸ ಮಾಡಿದ್ದೇನೆ.

*We, the Chancellor, the Pro-Chancellor, the Vice-Chancellor and the
 members of the Senate and the Syndicate confer*

AYURVEDA VACHASPATHI (M. D. - AYURVEDA) - KAYACHIKITSA

ON

Dr. JAYANTH S

*in recognition of fulfillment of the requirements for the said
 Post Graduate Degree in the examination held during **OCTOBER 2015***

*Given under the seal of the University, in the
 18th Convocation held on **05th APRIL 2016***



Jayanth S
 Vice-Chancellor



Bengaluru Date : 05/04/2016

Reg. No. : 12AK351

College : A L N RAO MEMORIAL AYURVEDIC MEDICAL COLLEGE, KOPPA

Jayanth S

ಸಂ. 0114532



ರಾಜಿವ್ ಗಾಂಧಿ ಆರೋಗ್ಯ ವಿಜ್ಞಾನಗಳ ವಿಶ್ವವಿದ್ಯಾಲಯ
ಕರ್ನಾಟಕ



RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES
KARNATAKA

ಡಾ|| ಜಯಂತ್ ಎಸ್

ಡಿಸೆಂಬರ್ 2009

ಆಯುರ್ವೇದಾಚಾರ್ಯ (ಬ್ಯಾಚುಲರ್ ಆಫ್ ಆಯುರ್ವೇದಿಕ್ ಮೆಡಿಸಿನ್ ಅಂಡ್ ಸರ್ಜರಿ)

ಪದವಿಯನ್ನು ಪಡೆದವರು, ಕರ್ನಾಟಕದಲ್ಲಿ, ರಾಜಿವ್ ಗಾಂಧಿ ವಿಶ್ವವಿದ್ಯಾಲಯ, ಮೈಸೂರು

೨೨೨ ೩೦೬ ಮಾರ್ಚ್ ೨೦೧೧

ಮೈಸೂರು ವಿಶ್ವವಿದ್ಯಾನಿಲಯ, ಕರ್ನಾಟಕದಲ್ಲಿ, ರಾಜಿವ್ ಗಾಂಧಿ ವಿಶ್ವವಿದ್ಯಾಲಯ, ಮೈಸೂರು

We, the Chancellor, the Pro-Chancellor, the Vice-Chancellor and the members of the Senate and the Syndicate confer

AYURVEDACHARYA (BACHELOR OF AYURVEDIC MEDICINE AND SURGERY)
on

Dr JAYANTH S

*in recognition of fulfillment of the requirements for the said
Degree in the examination held during **DECEMBER 2009**
Given under the seal of the University, in the*

13th Convocation held on 30th March 2011



Vice-Chancellor



Bengaluru Date 30/03/2011



"SELF ATTESTED"

Jayanth S

No. 043445

THE KARNATAKA AYURVEDIC & UNANI PRACTITIONERS BOARD
ಕರ್ನಾಟಕ ಆಯುರ್ವೇದ ಮತ್ತು ಯುನಾನಿ ಪ್ರಾಯೋಗಿಕ ಮಂಡಳಿ
Bangalore
(Constituted by Government of Karnataka)



(Under the KARNATAKA Act 9 of 1962)

No: 27382

Date: 24/09/2020

Name:

DR. JAYANTH. S

FatherName:

SREENIVASA MURTHY. I.G.

Qualifications:

BAMS(DECEMBER-2009),RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES, BENGALURU, KARNATAKA

AdditionalQualifications:

MD-KAYACHIKITSA(OCTOBER-2015),RGUHS, BENGALURU KARNATAKA,

Address:

30, GRANTHA KRUPA, VINAYAKA LAYOUT, KADABAGERE, BANGALORE NORTH, BENGALURU DISTRICT KARNATAKA 562130

This is to certify that above named person is qualified to practice in the System of Medicine has been duly registered for lifetime in the Register maintained under the KARNATAKA Ayurvedic and Unani Practitioner's Registration and Medical Practitioner's Miscellaneous Provisions Act, 1961.

In testimony whereof, the Registrar on behalf of this board hereunto has subscribed and Affixed the common seal

Registrar

(DR. AMBERKER VINAYAK SUBASH)

REGISTRAR

Karnataka Ayurvedic & Unani Practitioners Board, B'lore

Biometric Registration Date: 09/09/2020



Important Notice

Report change of address and additional qualifications Promptly

to the Board by board of Medical Ethics framed from time to time

04 This Certificate is not transferable

04 This Certificate should be surrendered to the Board in case of demise or discontinuation of the practice

04 Renewal Certificate of Practice at the end of EVERY FIVE YEARS duly attested by Gazetted Officer

"SELF ATTESTED"

(Handwritten signature)