



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 : **AYU0052**
 Institution Name : **KLE University Shri.BM Kankanawadi Ayurveda Mahavidyalaya Post Graduate Studies and Research Centre Belgaum**
 Institution Course : **Ayurveda**
 Visitation Id : **A06945**

Personal Information

Part Time Department : **Not Applicable**
 Salutation : **Dr.**
 Teacher First Name : **SOUMYA**
 Teacher MiddleName Name : **.**
 Teacher SurName Name : **SAJJANAR**
 Teacher's Code Number : **AYSS02353**
 Nature of present appointment : **Regular**
 Date Of Birth : **09/Mar/1994**
 Father Name : **ANDANEPPA**
 Email ID : **soumyasajjanar.7s@gmail.com**
 Mobile Number : **9663365234**
 Gender : **Female**
 Mother Name : **SUVARNA**
 PAN Number : **Izbps9820h**



Dr. Soumya Sajjanar

Current Address

Address Line 1 : **Plot No. 17, Ashwamedha Park**
 Address Line 2 : **Amargol**
 State : **Karnataka**
 City : **Hubballi(Hubli)**
 Pincode : **580025**

Permanent Address

Address Line 1 : **Plot No. 17, Ashwamedha Park**
 Address Line 2 : **Amargol**
 State : **Karnataka**
 City : **Hubballi(Hubli)**
 Pincode : **580025**

Education Details

UG Qualification

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 : **Ayurved Mahavidyalaya & Hospital**
 Name of the obtained recognized Medical Qualification : **Ayurvedacharya (Bachelor of Ayurvedic Medicine & Surgery)**
 Nomenclature of qualification : **B.A.M.S.**
 Year of Passing : **2019**

PG Qualification

PG Qualification 1

PG Degree/PG Diploma : **M.D.**
 State from which Adtl. Degree obtained : **KARNATAKA**
 Name of the University : **Rajiv Gandhi University of Health Sciences, Bangalore**
 Institution Name : **Sri Dharmathala Manjunatheshwara College of Ayurveda & Hospital**
 Specialization : **Ayurveda Vachaspati - M.D. (Ayurveda Samhita & Sidhanta)**
 Year of Passing : **2025**

Details of Experience

State of Institution	District of Institution	Name of the college	Department(Subject)
Karnataka	Belagavi(Belgaum)	KLE University Shri.BM Kankanawadi Ayurveda Mahavidyalaya Post Graduate Studies and Research Centre Belgaum	Ayurved Samhita & Siddhant Ass

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

Current Job Details

Name of state board : **Karnataka Ayurvedic & Unani Practitioner's Board, Bangalore, Karnataka**
 Department : **Ayurved Samhita & Siddhant**
 (Subjects)
 State Board Registration Number: **41648**
 Designation : **Assistant Professor/Lecturer**
 From Date : **28/Jan/2026**

Bank Account Details

Salary Account Number : **004002300003506**

Name of Bank & Branch : **BZRCMS Belagavi**

Uploaded Documents

Please click here. to download UG certificate

Please click here. to download PG certificate

Please click here. to download experience certificates

Please click here. to download relieving order

Please click here. to download certified copy of Form 16 (Part-A & Part-B)/26AS

Please click here. to download registration certificate

Please click here. to download copy of Joining report

Please click here. to download copy of Appointment order

Please click here. to download certified copy of Salary paid bank Statement of last one Year.

Please click here. to download documents related to ESIC

Please click here. to download documents related to PPF



Version 15.03.01