PERSONAL INFORMATION

Salutation	:	Dr
First Name	:	KOMALA
Middle Name	:	A
Last Name	:	
Teacher's Code	:	AYKC01388
Nature of Present appointment	:	PERMANENT
Current designation	:	ASSOCIATE PROFESSOR
Department	:	KAYACHIKITSA
Registration Number	:	29247
Registration Board	:	KAUP
Date of Birth	:	27-03-1988
Father's / Spouse Name	:	DEEPAK
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CORRESPONDENCE ADDRESS

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EDUCATIONAL QUALIFICATIONS

DEGREE	UNIVERSITY	YEAR OF PASSING
UG	RGUHS	2011
PG with subject	RGUHS KAYACHIKITSA	2015
PhD		
Other		

PROFESSIONAL EXPERIENCE

Institution	Designation	From	To
JSS AYURVEDA MEDICAL COLLEGE, MYSORE	ASSISTANT PROFESSOR	17/02/2017	25/05/2022
RAJEEV INSTITUTE OF AYURVEDIC MEDICAL SCIENCESAND RESEARCH CENTRE, HASSAN	ASSOCIATE PROFESSOR	26/05/2022	29/02/2024
JSS AYURVEDA MEDICAL COLLEGE	ASSOCIATE PROFESSOR	13/04/2026	TILL DATE