

**Personal Information**

Salutation :	<b>Dr</b>
Teacher First Name :	<b>VISAL</b>
Teacher MiddleName :	<b>S</b>
Teacher SurName :	<b>KUMAR</b>
Teacher's Code Number :	<b>AYKB00576</b>
Nature of present appointment :	<b>PROBATION</b>
Date Of Birth :	<b>19-11-1990</b>
Father Name :	<b>A.SURESH KUMAR</b>
Email ID :	<b>visal90@gmail.com</b>
STD Code :	<b>0471</b>
Telephone Number :	<b>2741742</b>
Mobile Number :	<b>09645315591</b>

**Current Address**

Address Line 1 :	<b>#213</b>
Address Line 2 :	<b>Lalithadripura</b>
State :	<b>Karnataka</b>
City :	<b>Mysuru</b>
Pincode :	<b>570028</b>

**Permanent Address**

Address Line 1 :	<b>'ACHUTHAM', V.U.R.A -74</b>
Address Line 2 :	<b>Arasummodu, Anayara. P.O</b>
State :	<b>Kerala</b>
City :	<b>Thiruvananthapuram</b>
Pincode :	<b>695029</b>

**Education Details****UG Detail**

<b>Name of University</b>	<b>Degree Name</b>	<b>Year of Passing</b>
<b>University of Kerala</b>	<b>BAMS</b>	<b>2013</b>

**PG Detail**

<b>Name of University</b>	<b>Degree Name</b>	<b>Subject</b>	<b>Year of Passing</b>
<b>RGUHS, Karnataka</b>	<b>MD (Ayu)</b>	<b>KAUMARABHRITYA</b>	<b>2019</b>

**Details of Experience**

<b>Name of the college</b>	<b>Designation</b>	<b>From</b>	<b>To</b>
<b>JSSAMC, MYSURU</b>	<b>ASSISTANT PROFESSOR</b>	<b>27-12-2019</b>	<b>TILL DATE</b>

**Current Job Details**

Name of state board :	<b>THE TRAVANCORE – COCHIN MEDICAL COUNCIL FOR INDIAN SYSTEM OF MEDICNE</b>
Department : (Subjects)	<b>KAUMARABHRITYA</b>
State Board Registration Number:	<b>15113</b>
Designation :	<b>ASSISTANT PROFESSOR</b>