|  |  |  |
| --- | --- | --- |
| Name | **Dr. Amit Sharma** | C:\Users\acer\Downloads\sdfdsg.jpg |
| Qualification | M.D.(Dravyaguna),  |
| Designation | Assistant ProfessorDepartment of Dravyaguna Vigyan |
| Registration No.Name of Board | 25598 Council of Indian Medicine, Haryana, Panchkula |
| Date and place of Birth | 15/12/1991 Patli, Gurgaon, Haryana |
| Total Teaching Experience | 03 Years  |
| Phone No. | +91- 8076005039 |
| Email | AMITAYURVEDACHARYA@GMAIL.COM |
| Address | F/2/3 Staff QuarterM.S.M. Institute of AyurvedaB.P.S. Mahila Vishwavidyalaya, Khanpur Kalan, Sonipat, Haryana, India Pin Code - 131305 |