



Personal Information

Salutation :	Dr.
Teacher First Name :	MANISHA
Teacher MiddleName Name :	VITTHALRAO
Teacher SurName Name :	JAYBHAYE
Teacher's Code Number :	AYKS00725
Nature of present appointment :	CONTRACTUAL
Date Of Birth :	06/Jun/1987
Father Name :	VITTHALRAO
Email ID :	jaybhayemanisha796@gmail.com
Mobile Number :	9823084455
Aadhaar No :	361786710524
Gender :	Female

Institute Details

Institution Id :	AYU0173
Institution Name :	Radhakisan Toshniwal Ayurved Mahavidyalaya
State :	Maharashtra
Principal Name :	Dr. Kishor M. Pimparkar

Contact Details

Teacher's Mobile Number :	9823084455
Teacher's Email Id :	jaybhayemanisha796@gmail.com
Aadhaar No :	361786710524
PAN Number :	AYIPJ7020R

Present Address Details

Address Line 1 :	C/O MANOHAR NAGE MAHATMA FULE NAGAR
Address Line 2 :	MOTHI UMRI.
State :	Maharashtra
City :	Akola
Pin Code :	444005

Permanent Address Details

Address Line 1 :	AAI NIWAS HARI OM NAGAR,
Address Line 2 :	STATION ROAD
State :	Maharashtra
City :	Jalna
Pin Code :	431203

Notice Period

Duration Of Notice period (In days)	30
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UG Qualification

System of Medicine :	Ayurveda
State/UT from where the qualifying degree was obtained :	MAHARASHTRA
Name of University/Board or medical Institution :	Maharashtra University of Health Sciences, Nashik
Name of Institution :	Radhakisan Toshniwal Ayurved Mahavidyalaya

Name of the obtained recognized Medical Qualification : **Ayurvedacharya (Bachelor of Ayurvedic Medicine & Surgery)**
Nomenclature of qualification : **B.A.M.S.**
Year of Passing : **2009**

PG Qualification

PG Qualification 1

PG Degree/PG Diploma : **M.D.**
State from which Advl. Degree obtained : **MAHARASHTRA**
Name of the University : **Maharashtra University of Health Sciences, Nashik**
Institution Name : **Government Ayurved College, Vazirabad, Nanded**
Specialization : **Ayurveda Vachaspati - M.D. (Kriya Sharir)**
Year of Passing : **2016**

Current Job Details

Name of the Institution : **Radhakisan Toshniwal Ayurved Mahavidyalaya**
Current Designation : **Assistant Professor/Lecturer**
Current Department : **Kriya Sharir**
From Date : **02/Dec/2019**
Do you want to change Department? : **No**

Registration Details

State Board Registration No : **I 66441A**
State Board Name : **Maharashtra Council of Indian Medicine, Mumbai, Maharashtra**

Previous Experience Details

Date of initial appointment: **15/May/2017**

Row No.	State of the Institution	District of the Institution	Name of the Institution	Department(Subject)	Designation	From	To
1	Gujarat	Junagadh	Noble Ayurved College & Research Institute, Junagadh	Kriya Sharir	Assistant Professor/Lecturer	15/May/2017	07/Sep/2017
2	Maharashtra	Akola	Radhakisan Toshniwal Ayurved Mahavidyalaya	Kriya Sharir	Assistant Professor/Lecturer	02/Dec/2019	31/Jan/2020