



Personal Information

Part Time Department :	Not Applicable
Salutation :	Dr.
Teacher First Name :	PRIYANKA
Teacher MiddleName Name :	SHYAMSUNDER
Teacher SurName Name :	KHATOD
Teacher's Code Number :	AYST00819
Nature of present appointment :	Contractual
Date Of Birth :	20/Jan/1988
Father Name :	SHYAMSUNDER
Email ID :	dr.priyanka.khatod@gmail.com
Mobile Number :	7709465228
Aadhaar No :	620939466245
Gender :	Female

Current Address

Address Line 1 :	D/O SHYAMSUNDER KHATOD
Address Line 2 :	NEAR DANDE SWAMI MANDIR, SHIVAJI VES
State :	Maharashtra
City :	KHAMGAON
Pincode :	444303

Permanent Address

Address Line 1 :	D/O SHYAMSUNDER KHATOD
Address Line 2 :	NEAR DANDE SWAMI MANDIR, SHIVAJI VES
State :	Maharashtra
City :	KHAMGAON
Pincode :	444303

Education Details

UG Qualification

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 :	Bhau Saheb Maulak 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 : **2011**

PG Qualification

PG Qualification 1

PG Degree/PG Diploma : **M.S.**

State from which Addl. Degree obtained : **MAHARASHTRA**

Name of the University : **Maharashtra University of Health Sciences, Nashik**

Institution Name : **Radhakisan Toshniwal Ayurved Mahavidyalaya**

Specialization : **Ayurveda Dhanvantri - M.S. (Shalya Samanya)**

Year of Passing : **2016**

Details of Experience

State of Institution	District of Institution	Name of the college	Department(Subject)	Designation	From	To
Maharashtra	Buldhana	Anandi Shikshan Prasarak Mandal's Ayurved Medical College, Hospital & Research Institute	Shalyatantra + (Ksharsutra Lab.)	Assistant Professor/Lecturer	04/Jan/2018	31/Dec/2018
Maharashtra	Akola	Radhakisan Toshniwal Ayurved Mahavidyalaya	Shalaky Tantra	Assistant Professor/Lecturer	01/Jan/2019	31/Jan/2020

Current Job Details

Name of state board : **Maharashtra Council of Indian Medicine, Mumbai, Maharashtra**

Department : **Shalaky Tantra**

State Board Registration Number: **I 70930 A**

Designation : **Assistant Professor/Lecturer**

From Date : **01/Jan/2019**