



Personal Information

Salutation : **Dr.**
Teacher First Name : **SWATI**
Teacher MiddleName Name : **RAMKRUSHNA**
Teacher SurName : **DHAMNIKAR**
Name : **AYU0173**
Teacher's Code Number : **AYRN00670**
Nature of present appointment : **CONTRACTUAL**
Date Of Birth : **24/Dec/1988**
Father Name : **RAMKRUSHNA**
Email ID : **swatirdham24@gmail.com**
Mobile Number : **9579292134**
Aadhaar No : **563739550586**
Gender : **Female**

Contact Details

Teacher's Mobile Number : **9579292134**
Teacher's Email Id : **swatirdham24@gmail.com**
Aadhaar No : **563739550586**
PAN Number : **dfvpd0955n**

Present Address Details

Address Line 1 : **BEHIND MAHER HOSPITAL**
Address Line 2 : **GAYATRI NAGAR KAULKHED ROAD AKOLA**
State : **Maharashtra**
City : **Akola**
Pin Code : **444004**

Permanent Address Details

Address Line 1 : **BEHIND MAHER HOSPITAL**
Address Line 2 : **GAYATRI NAGAR KAULKHED ROAD AKOLA**
State : **Maharashtra**
City : **Akola**
Pin Code : **444004**

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 : **2012**

PG Qualification

PG Qualification 1

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

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

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

Institution Name : **Tilak Ayurved Mahavidyalaya**

Specialization : **Ayurveda Vachaspati - M.D. (Roga Nidan avum Vikriti Vigyan)**

Year of Passing : **2017**

Current Job Details

Name of the Institution : **Radhakisan Toshniwal Ayurved Mahavidyalaya**

Current Designation : **Assistant Professor/Lecturer**

Current Department : **Rog Nidan avum Vikriti Vigyan**

From Date : **14/Nov/2019**

Do you want to change Department? : **No**

Registration Details

State Board Registration No : **I-74432-A**

State Board Name : **Maharashtra Council of Indian Medicine, Mumbai, Maharashtra**

Previous Experience Details

Date of initial appointment: **14/Nov/2019**

Row No.	State of the Institution	District of the Institution	Name of the Institution	Department(Subject)	Designation	From	To
1	Maharashtra	Akola	Radhakisan Toshniwal Ayurved Mahavidyalaya	Rog Nidan avum Vikriti Vigyan	Assistant Professor/Lecturer	14/Nov/2019	31/Jan/2020