



Personal Information

Salutation : **Dr.**

Teacher First Name : **VINOD**

Teacher MiddleName
Name : **VISHVANATH**

Teacher SurName Name : **HAGE**

Teacher's Code Number : **AYST00852**

Nature of present
appointment : **Contractual**

Date Of Birth : **04/Jun/1985**

Father Name : **VISHVANATH**

Email ID : **drvinodhage@gmail.com**

Mobile Number : **8275233562**

Aadhaar No : **807279384105**

Gender : **Male**

Current Address

Address Line 1 : **C/O SMT. PRATIBHA GAWAI,FL.NO.B-1 PURVA APTS**

Address Line 2 : **I/O BIRLA GATE NO 1**

State : **Maharashtra**

City : **Akola**

Pincode : **444005**

Permanent Address

Address Line 1 : **RAMWADI,**
Address Line 2 : **NADURA ROAD MALKAPUR**
State : **Maharashtra**
City : **MALKAPUR**
Pincode : **443101**

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 : **Hanuman Shikshan Prasarak Mandal's 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 : **2008**

PG Qualification

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 :

2014

Details of Experience

State of Institution	District of Institution	Name of the college	Department(Subject)	Designation	From	To
Maharashtra	Akola	Radhakisan Toshniwal Ayurved Mahavidyalaya	Rachana Sharir	Assistant Professor/Lecturer	01/Oct/2014	30/Sept/2019
Maharashtra	Akola	Radhakisan Toshniwal Ayurved Mahavidyalaya	Shalya Tantra	Assistant Professor/Lecturer	01/Oct/2019	30/Jan/2020

Any gap in between your Job experience?:

No

Current Job Details

Name of state board :

**Maharashtra Council of Indian Medicine,
Mumbai, Maharashtra**

Department :

Shalya Tantra

(Subjects)

State Board Registration Number:

I 64671 A

Designation :

Assistant Professor/Lecturer

From Date :

01/Oct/2014