



Personal Information

Salutation : **Dr.**
Teacher First Name : **AMIT**
Teacher MiddleName : **PRAKASH**
Name :
Teacher Sur Name Name : **NAWKAR**
Teacher's Code Number : **AYKC01186**
Nature of present appointment : **CONTRACTUAL**
Date Of Birth : **30/Dec/1982**
Father Name : **PRAKASH**
Email ID : **dr.amitnawkar@gmail.com**
Mobile Number : **9665605809**
Aadhaar No : **716223133063**
Gender : **Male**

Current Address

Address Line 1 : **C/O DR.NAWKAR INFRONT OF KAPILESHWAR APPT.**
Address Line 2 : **RANPISE NAGAR, AKOLA**
State : **MAHARASHTRA**
City : **AKOLA**
Pincode : **444001**

Permanent Address

Address Line 1 : **MATRUCHAYA, ANAND SQUARE,**
Address Line 2 : **MOTIPURA, NANDURA**
State : **MAHARASHTRA**

City : **NANDURA**

Pincode : **443404**

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 :	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 :	2004

PG Qualification

PG Qualification 1

PG Degree/PG Diploma :	M.D.
State from which Addl. Degree obtained :	MAHARASHTRA
Name of the University :	Maharashtra University of Health Sciences, Nashik
Institution Name :	Ayurved Seva Sangh Ayurved Mahavidyalaya
Specialization :	Ayurveda Vachaspati - M.D. (Kayachikitsa)
Year of Passing :	2010

Details of Experience

State of Institution	District of Institution	Name of the college	Department(Subject)	Designation	From	To
Maharashtra	Akola	Radhakisan Toshniwal Ayurved Mahavidyalaya	Kayachikitsa	Assistant Professor/Lecturer	07/Jan/2016	31/Jan/2020
Maharashtra	Akola	Radhakisan Toshniwal Ayurved Mahavidyalaya	Kayachikitsa	Associate Professor/Reader	01/Apr/2021	To till date

Any gap in between your Job experience?:

No

Current Job Details

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

Department : **Kayachikitsa**
(Subjects)

State Board Registration Number: **I 50024 A**

Designation : **Associate Professor**

From Date : **01/Apr/2021**