



Faculty details

Teacher Name :	Dr.GAJANAN ANIL PADGHAN
Gender :	Male
Date Of Birth :	08/Nov/1966
Father's Name :	ANIL
Mother's Name :	CHANDRAKALA
Teacher Code :	AYKC01459

Institute Details

Institution Id :	AYU0173
Institution Name :	Radhakisan Toshniwal Ayurved Mahavidyalaya
State :	Maharashtra

Contact Details

Teacher's Mobile Number :	9422180300
Teacher's Email Id :	drgajananpadghan@rediffmail.com
PAN Number :	AFLPP0248P

Present Address Details

Address Line 1 :	C/O.DR.RAHATE, VHB COLONY
Address Line 2 :	GORAKSHAN ROAD
State :	Maharashtra
City :	Akola
Pin Code :	444001

Permanent Address Details

Address Line 1 :	C/O.DR.RAHATE, VHB COLONY
Address Line 2 :	GORAKSHAN ROAD
State :	Maharashtra
City :	Akola
Pin Code :	444001

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 :	Amravati University, Amravati
Name of Institution :	Shri Gurudeo 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 : **1989**

PG Qualification

PG Qualification 1

PG Degree/PG Diploma : **M.D.**
 State from which Addl. Degree obtained : **MAHARASHTRA**
 Name of the University : **University of Bombay, Bombay**
 Institution Name : **RA Podar Ayurved Medical College**
 Specialization : **Ayurveda Vachaspati - M.D. (Kayachikitsa)**
 Year of Passing : **1994**

Current Job Details

Request Type : **Promotion**
 Name of the Current Institution : **Radhakisan Toshniwal Ayurved Mahavidyalaya**
 Current Designation : **Professor**
 Current Department : **Kayachikitsa**
 From Date : **01/Apr/2021**

Registration Details

State Board Registration No : **I 21306**
 State Board Name : **Maharashtra Council of Indian Medicine, Mumbai, Maharashtra**

Previous Experience Details

Date of initial appointment: **20/May/2008**

No.	State of the Institution	District of the Institution	Name of the Institution	Department(Subject)	Designation	From	To
	Maharashtra	Buldhana	Lt.Sunil Ramshingji Chunawale Ayurved College	Kayachikitsa	Assistant Professor/Lecturer	20/May/2008	30/Jun/2009
2	Maharashtra	Buldhana	Lt.Sunil Ramshingji Chunawale Ayurved College	Kayachikitsa	Assistant Professor/Lecturer	07/Nov/2009	17/Apr/2012
3	Maharashtra	Buldhana	Lt.Sunil Ramshingji Chunawale Ayurved College	Kayachikitsa	Assistant Professor/Lecturer	18/Apr/2012	16/Dec/2013
4	Maharashtra	Akola	Radhakisan Toshniwal Ayurved Mahavidyalaya	Kayachikitsa	Associate Professor/Reader	01/Dec/2014	31/Mar/2021
5	Maharashtra	Akola	Radhakisan Toshniwal Ayurved Mahavidyalaya	Kayachikitsa	Professor	01/Apr/2021	Till Date

Any gap in between your Job experience?: **Yes**

S.NO	From Date	To Date
1	01/Jul/2009	06/Nov/2009
2	17/Dec/2013	30/Nov/2014

Checklist(Documents to be Verified)

- To view document for date of birth. [Click here.](#)
- To view Registration Certificate (Central or State Registration Certificate) [Click here.](#)
- To view UG Qualification Degree certificate [Click here.](#)
- To view PG Qualification Degree certificate [Click here.](#)
- To view Appointment Order [Click here.](#)
- To view Joining Letter [Click here.](#)
- To view Promotion Order [Click here.](#)
- To view Experience Certificates [Click here.](#)

To view Certified copy of relieving certificate from previous Institution [Click here.](#)

To view scanned copy of PAN Card. [Click here.](#)