



Faculty Details

Teacher Name :	Dr.GAJANAN AMBADAS THAKARE
Gender :	Male
Date Of Birth :	28/May/1986
Father's Name :	AMBADAS
Mother's Name :	KAMALA
Teacher Code :	AYPK00402

Institute Details

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

Contact Details

Teacher's Mobile Number :	9922895987
Teacher's Email Id :	dr.thakareg@gmail.com
PAN Number :	AKEPT1738J

Present Address Details

Address Line 1 :	flat no.4 sadguru apartments
Address Line 2 :	ramdas peth,akola
State :	Maharashtra
City :	Akola
Pin Code :	444001

Permanent Address Details

Address Line 1 :	at mhaispur post.bhamod
Address Line 2 :	tq.daryapur
State :	Maharashtra
City :	Amravati
Pin Code :	444706

Notice Period

Duration Of Notice period (In days)	7
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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 : **Maharashtra University of Health Sciences, Nashik**
Name of Institution : **Aryangal Mahavidyalaya, Satara**
Name of the obtained recognized Medical Qualification : **Ayurvedacharya (Bachelor of Ayurvedic Medicine & Surgery)**
Nomenclature of qualification : **B.A.M.S.**
Year of Passing : **2009**

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 : **Loknete Rajarambapu Patil Ayurved Medical college, hospital,P.G. institute and research centre, urun islampur**
Specialization : **Ayurveda Vachaspati - M.D. (Panchkarma)**
Year of Passing : **2014**

Current Job Details

Request Type : **Promotion**
Name of the Current Institution : **Radhakisan Toshniwal Ayurved Mahavidyalaya**
Current Designation : **Associate Professor/Reader**
Current Department : **Panchakarma**
From Date : **26/Mar/2021**

Registration Details

State Board Registration No : **I 67593 A**
State Board Name : **Maharashtra Council of Indian Medicine, Mumbai, Maharashtra**

Previous Experience Details

Date of initial appointment: **01/Oct/2014**

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	Panchakarma	Assistant Professor/Lecturer	01/Oct/2014	25/Mar/2021
2	Maharashtra	Akola	Radhakisan Toshniwal Ayurved Mahavidyalaya	Panchakarma	Associate Professor/Reader	26/Mar/2021	Till Date

Any gap in
between
your Job
experience?: **No**

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.](#)

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