



Teacher Name :	<b>Dr.PREETI RAMCHANDRA GHONGE</b>
Gender :	<b>Female</b>
Date Of Birth :	<b>15/Aug/1988</b>
Father's Name :	<b>RAMCHANDRA GHONGE</b>
Mother's Name :	<b>BHARATI</b>
Teacher Code :	<b>AYPS01046</b>

## Institute Details

Institution Id :	<b>AYU0173</b>
Institution Name :	<b>Radhakisan Toshniwal Ayurved Mahavidyalaya</b>
State :	<b>Maharashtra</b>

## Contact Details

Teacher's Mobile Number :	<b>8446962902</b>
Teacher's Email Id :	<b>drpreeti.ghonge@gmail.com</b>
PAN Number :	<b>ascpg7246a</b>

## Present Address Details

Address Line 1 :	<b>24,Shri Renuka Niqas,Renuka Nagar</b>
Address Line 2 :	<b>Old City,Dabki road,Akola</b>
State :	<b>Maharashtra</b>
City :	<b>Akola</b>
Pin Code :	<b>444002</b>

## Permanent Address Details

Address Line 1 :	<b>24, Shri Renuka Niwas, Shriram Chowk, Renuka Nagar</b>
Address Line 2 :	<b>Old City, Daki Road, Akola</b>
State :	<b>Maharashtra</b>
City :	<b>Akola</b>
Pin Code :	<b>444002</b>

## Notice Period

Duration Of Notice period ( In days)	<b>30</b>
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## UG Qualification

System of Medicine :	<b>Ayurveda</b>
State/UT from where the qualifying degree was obtained :	<b>MAHARASHTRA</b>
Name of University/Board or medical Institution :	<b>Maharashtra University of Health Sciences, Nashik</b>

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.S.**  
State from which Addl. Degree obtained : **MAHARASHTRA**  
Name of the University : **Maharashtra University of Health Sciences, Nashik**  
Institution Name : **Chhatrapati Sahu Maharaj Shikshan, Sansthan Ayurved Mahavidyalaya**  
Specialization : **Ayurveda Dhanvantri - M.S. (Prasuti avum Stri Roga)**  
Year of Passing : **2019**

## Current Job Details

Name of the Current Institution : **Radhakisan Toshniwal Ayurved Mahavidyalaya**  
Current Designation : **Assistant Professor/Lecturer**  
Current Department : **Prasuti & Stri Roga**  
From Date : **05/Mar/2020**  
Do you want to change Department? : **No**

## Registration Details

State Board Registration No : **I-70579-A**  
State Board Name : **Maharashtra Council of Indian Medicine, Mumbai, Maharashtra**

## Previous Experience Details

Date of initial appointment: **05/Mar/2020**

	State of the Institution	District of the Institution	Name of the Institution	Department(Subject)	Designation	From	To
1	Maharashtra	Nashik	SMBT Ayurved College and Hospital	Prasuti & Stri Roga	Assistant Professor/Lecturer	05/Mar/2020	17/OCT 2020
2	Maharashtra	Akola	R.T. Ayurved College AKOLA	Prasuti & Stri Roga	Assistant Professor/Lecturer	01/JAN/2021	Till Date

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

## Documents

To view document for Resignation by teacher. [Click here.](#)  
To view document for Acceptance Of resignation by college. [Click here.](#)  
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 Experience Certificates [Click here.](#)

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

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