



## Faculty Details

Teacher Name :	<b>Dr.SANTOSH MAROTRAO GHUGE</b>
Gender :	<b>Male</b>
Date Of Birth :	<b>01/Dec/1982</b>
Father's Name :	<b>MAROTRAO</b>
Mother's Name :	<b>SULBHA</b>
Teacher Code :	<b>AYST01536</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>9421466981</b>
Teacher's Email Id :	<b>santosh_ghuge@gmail.com</b>
PAN Number :	<b>AMZPG3624K</b>

## Present Address Details

Address Line 1 :	<b>C/O. RUPAREL</b>
Address Line 2 :	<b>JAWAHAR NAGAR</b>
State :	<b>Maharashtra</b>
City :	<b>Akola</b>
Pin Code :	<b>444001</b>

## Permanent Address Details

Address Line 1 :	<b>C/O. RUPAREL</b>
Address Line 2 :	<b>JAWAHAR NAGAR</b>
State :	<b>Maharashtra</b>
City :	<b>Akola</b>
Pin Code :	<b>444001</b>

## Notice Period

Duration Of Notice period ( In days)	<b>30</b>
--------------------------------------	-----------

## 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 : **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 : **2003**

## PG Qualification

### PG Qualification 1

PG Degree/PG Diploma : **M.S.**  
State from which Adtl. Degree obtained : **MAHARASHTRA**  
Name of the University : **University of Poona, Pune**  
Institution Name : **Tilak Ayurved Mahavidyalaya**  
Specialization : **Ayurveda Dhanvantri - M.S. (Shalya)**  
Year of Passing : **2007**

### PG Qualification 2

PG Degree/PG Diploma : **M.S.**  
State from which Adtl. Degree obtained : **MAHARASHTRA**  
Name of the University : **University of Poona, Pune**  
Institution Name : **Tilak Ayurved Mahavidyalaya**  
Specialization : **Ayurveda Dhanvantri - M.S. (Shalya)**  
Year of Passing : **2008**

## Current Job Details

Request Type : **Promotion**  
Name of the Current Institution : **Radhakisan Toshniwal Ayurved Mahavidyalaya**  
Current Designation : **Associate Professor/Reader**  
Current Department : **Shalyatantra + (Ksharsutra Lab.)**  
From Date : **01/Apr/2021**

## Registration Details

State Board Registration No : **I 47750 A**  
State Board Name : **Maharashtra Council of Indian Medicine, Mumbai, Maharashtra**

## Previous Experience Details

Date of initial Appointment: **29/Nov/2009**

Row 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	Shalyatantra + (Ksharsutra Lab.)	Assistant Professor/Lecturer	29/Nov/2009	31/Mar/2021
2	Maharashtra	Akola	Radhakisan Toshniwal Ayurved Mahavidyalaya	Shalyatantra + (Ksharsutra Lab.)	Associate Professor/Reader	01/Apr/2021	Till Date

Any gap in between your Job experience?:

**No**

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