



Teacher Name :	Dr.Sapna Ramanlal Upadhaya
Gender :	Female
Date Of Birth :	09/Sep/1984
Father's Name :	Ramanlal
Mother's Name :	Pramila Ramanlal Upadhyay
Teacher Code :	AYRN00403

Institute Details

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

Contact Details

Teacher's Mobile Number :	8275287035
Teacher's Email Id :	upadhayadsapna@gmail.com
PAN Number :	AAWPU2024J

Present Address Details

Address Line 1 :	10-Rajani Appt.
Address Line 2 :	Shastri Nagar
State :	Maharashtra
City :	Akola
Pin Code :	444001

Permanent Address Details

Address Line 1 :	10-Rajani Appt.
Address Line 2 :	Shastri Nagar

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 :	Maharashtra University of Health Sciences, Nashik
Name of Institution :	Ayurvedya 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 :	2006

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 :	Government Ayurved College,Vazirabad,Nanded
Specialization :	Ayurveda Vachaspati - M.D. (Roga Nidan avum Vikriti Vigyan)
Year of Passing :	2012

Current Job Details

Request Type :	
Name of the Current Institution :	Radhakisan Toshniwal Ayurved Mahavidyalaya

Current Designation : **Associate Professor/Reader**
Current Department : **Rog Nidan avum Vikriti Vigyan**
From Date : **01/Jan/2020**
Do you want to change Department? : **No**

Registration Details

State Board Registration No : **I 57403 A**
State Board Name : **Maharashtra Council of Indian Medicine, Mumbai,
Maharashtra**

Previous Experience Details

Date of initial appointment: **01/Aug/2011**

	Institution	District of the Institution	Name of the Institution	Department(Subject)	Designation	From	To
1	Maharashtra	Akola	Gramin Ayurved Mahavidyalaya	Rog Nidan avum Vikriti Vigyan	Assistant Professor/Lecturer	01/Aug/2011	10/Nov/2016
2	Maharashtra	Akola	Radhakisan Toshniwal Ayurved Mahavidyalaya	Rog Nidan avum Vikriti Vigyan	Assistant Professor/Lecturer	11/Nov/2016	31/Jan/2019
3	Maharashtra	Akola	Radhakisan Toshniwal Ayurved Mahavidyalaya	Rog Nidan avum Vikriti Vigyan	Associate Professor/Reader	01/Jan/2020	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 Certified copy of relieving certificate from previous Institution [Click here.](#)

To view Inter departmental transfer letter [Click here.](#)

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