



Faculty Details

Teacher Name :	Dr.Dinesh Ishwardas Rathi
Gender :	Male
Date Of Birth :	05/Dec/1962
Father's Name :	Ishwardas
Mother's Name :	Asha
Teacher Code :	AYST00607

Institute Details

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

Contact Details

Teacher's Mobile Number :	9423160400
Teacher's Email Id :	drathidinesh231@gmail.com
PAN Number :	ABFPR7095A

Present Address Details

Address Line 1 :	Dabki Road,
Address Line 2 :	Old City
State :	Maharashtra
City :	Akola
Pin Code :	444004

Permanent Address Details

Address Line 1 :	Dabki Road,
Address Line 2 :	Old City
State :	Maharashtra

City : **Akola**
Pin Code : **444004**

Notice Period

Duration Of Notice period (In days) **60**

UG Qualification

System of Medicine : **Ayurveda**
State/UT from where the qualifying degree was obtained : **MAHARASHTRA**
Name of University/Board or medical Institution : **Nagpur University, Nagpur**
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 : **1987**

PG Qualification

PG Qualification 1

PG Degree/PG Diploma : **M.D.**
State from which Addl. Degree obtained : **MAHARASHTRA**
Name of the University : **Amravati University, Amravati**
Institution Name : **Dayabhai Maoji Majithiya Ayurved Mahavidyalaya**
Specialization : **Ayurveda Vachaspati - M.D. (Shalya)**
Year of Passing : **2000**

Current Job Details

Request Type : **Promotion**
Name of the Current Institution : **Radhakisan Toshniwal Ayurved Mahavidyalaya**
Current Designation : **Professor**
Current Department : **Shalyatantra + (Ksharsutra Lab.)**
From Date : **16/Dec/2020**

Registration Details

State Board Registration No : **I19046**
State Board Name : **Maharashtra Council of Indian Medicine, Mumbai, Maharashtra**

Previous Experience Details

Date of initial appointment: **29/Aug/2002**

Row No.	State of the Institution	District of the Institution	Name of the Institution	Department(Subject)	Designation	From	To
1	Maharashtra	Akola	Gramin Ayurved Mahavidyalaya	Shalyatantra + (Ksharsutra Lab.)	Assistant Professor/Lecturer	29/Aug/2002	14/Feb/2008
2	Maharashtra	Akola	Gramin Ayurved Mahavidyalaya	Shalyatantra + (Ksharsutra Lab.)	Associate Professor/Reader	15/Feb/2008	14/Dec/2020
3	Maharashtra	Akola	Radhakisan Toshniwal Ayurved Mahavidyalaya	Shalyatantra + (Ksharsutra Lab.)	Professor	16/Dec/2020	Till Date

Any gap in

between

Yes

your Job

experience?:

S.NO	From Date	To Date
1	15/Dec/2020	15/Dec/2020

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 Promotion Order [Click here.](#)

To view Experience Certificates [Click here.](#)

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