



Teacher Name :	<b>Dr. SNEHAL SUNILRAO DESHMUKH</b>
Gender :	<b>Female</b>
Date Of Birth :	<b>24/Mar/1991</b>
Father's Name :	<b>SUNILRAO</b>
Mother's Name :	<b>CHHAYA</b>
Teacher Code :	<b>AYKC03108</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>9403392190</b>
Teacher's Email Id :	<b>drsnehaldeshmukh1991@gmail.com</b>
PAN Number :	<b>fjlpd2823p</b>

## Present Address Details

Address Line 1 :	<b>C/O SAU S.D.GAWANDE PARTH NIWAS</b>
Address Line 2 :	<b>JAWAHAR NAGAR GOKUL COLONY</b>
State :	<b>Maharashtra</b>
City :	<b>Akola</b>
Pin Code :	<b>444001</b>

## Permanent Address Details

Address Line 1 :	<b>C/O SAU S.D.GAWANDE PARTH NIWAS</b>
Address Line 2 :	<b>JAWAHAR NAGAR GOKUL COLONY</b>
State :	<b>Maharashtra</b>
City :	<b>Akola</b>
Pin Code :	<b>444001</b>

## Notice Period

Duration Of Notice period ( In days)	<b>60</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 :	<b>Shri Gurudeo Ayurved Mahavidyalaya</b>
Name of the obtained recognized Medical Qualification :	<b>Ayurvedacharya (Bachelor of Ayurvedic Medicine &amp; Surgery)</b>

Nomenclature of qualification : **B.A.M.S.**  
Year of Passing : **2013**

## 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 : **Bhau Saheb Maulak Ayurved Mahavidyalaya**  
Specialization : **Ayurveda Vachaspati - M.D. (Kayachikitsa)**  
Year of Passing : **2019**

## Current Job Details

Name of the Current Institution : **Radhakisan Toshniwal Ayurved Mahavidyalaya**  
Current Designation : **Assistant Professor/Lecturer**  
Current Department : **Kayachikitsa**  
From Date : **16/Dec/2020**  
Do you want to change Department? : **No**

## Registration Details

State Board Registration No : **I- 79998-A**  
State Board Name : **Maharashtra Council of Indian Medicine, Mumbai, Maharashtra**

## Previous Experience Details

Date of initial appointment: **16/Dec/2020**

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	Kayachikitsa	Assistant Professor/Lecturer	16/Dec/2020	Till Date

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

## Documents

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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