

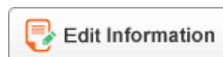


National Commission for Indian System of Medicine

College T...

This College Teaching Staff Details form submitted successfully.

You can review the information submitted in this College Teaching Staff Details form below before closing.

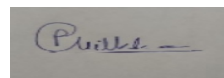


Institution Details

Institution Id : **AYU0173**
Institution Name : **Radhakisan Toshniwal Ayurved Mahavidyalaya**
Institution Course : **Ayurveda**
Visitation Id : **A05888**

Personal Information

Part Time Department : **Not Applicable**
Salutation : **Dr.**
Teacher First Name : **PRANAUTI**
Teacher MiddleName Name : **PRAKASHRAO**
Teacher SurName Name : **MILKHE**
Teacher's Code Number : **AYDG01882**
Nature of present appointment : **Contractual**
Date Of Birth : **11/Sep/1993**
Father Name : **PRAKASHRAO MILKHE**
Email ID : **dr.pranautimilkhe@gmail.com**
Mobile Number : **8237165369**
Gender : **Female**
Mother Name : **SADHANA MILKHE**
PAN Number : **EDIPM1094M**



Current Address

Address Line 1 : **C/o Amol U. Sherje**
Address Line 2 : **Bajoria Layout, Hingana Road, Anand Nagar**
State : **Maharashtra**
City : **Akola**
Pincode : **444004**

Permanent Address

Address Line 1 : **ward no. 02, uttamsara**
Address Line 2 : **bhatkuli**
State : **Maharashtra**
City : **Amravati**
Pincode : **444602**

Education Details

UG Qualification

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 : **Shri Gurudeo 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 : **2015**

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. (Dravya Guna Vigyana)**

Year of Passing : **2020**

Details of Experience

| State of Institution | District of Institution | Name of the college | Department(Subject) | Designation | From | To |
|----------------------|-------------------------|--|---------------------|------------------------------|-------------|-------------|
| Maharashtra | Amravati | DR RAJENDRA GODE AYURVED COLLEGE | Dravyaguna Vigyana | Assistant Professor/Lecturer | 27/Jul/2022 | 22/Feb/2023 |
| Maharashtra | Amravati | DR RAJENDRA GODE AYURVED COLLEGE | Dravyaguna Vigyana | Assistant Professor/Lecturer | 11/Jun/2024 | 18/Jan/2025 |
| Maharashtra | Akola | Radhakisan Toshniwal Ayurved Mahavidyalaya | Dravyaguna Vigyana | Assistant Professor/Lecturer | 20/Jan/2025 | Till Date |

Any gap in between your Job experience?:

Yes

| S.NO | From Date | To Date |
|------|-------------|-------------|
| 1 | 23/Feb/2023 | 10/Jun/2024 |
| 2 | 19/Jan/2025 | 19/Jan/2025 |

Current Job Details

Name of state board : **Maharashtra Council of Indian Medicine, Mumbai, Maharashtra**

Department : **Dravyaguna Vigyana**

(Subjects)

State Board Registration Number: **I-85852-A**

Designation : **Assistant Professor/Lecturer**

From Date : **20/Jan/2025**

Bank Account Details

Salary Account Number : **32042062904**

Name of Bank & Branch : **SBI**

Uploaded Documents

Please click here. to download UG certificate

Please click here. to download PG certificate

Please click here. to download experience certificates

Please click here. to download certified copy of Form 16 (Part-A & Part-B)/26AS

Please click here. to download registration certificate

Please click here. to download copy of Appointment order

Please click here. to download certified copy of Salary paid bank Statement of last one Year.

Please click here. to download documents related to ESIC

Please click here. to download documents related to PPF



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