



# National Commission for Indian System of Medicine

## College T...

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

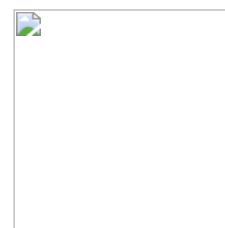


### Institution Details

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 : **SAMADHAN**  
Teacher MiddleName Name : **PUNDALIK**  
Teacher SurName Name : **KANKAL**  
Teacher's Code Number : **AYDG00650**  
Nature of present appointment : **Contractual**  
Date Of Birth : **11/May/1964**  
Father Name : **PUNDALIK**  
Email ID : **samadhankankal@rediffmail.com**  
Mobile Number : **9822264894**  
Gender : **Male**  
Mother Name : **RUKHMINI**  
PAN Number : **ADJPK3199E**



### Current Address

Address Line 1 : **RAJHANS APARTMENT**  
Address Line 2 : **MOHITE PLOTS**  
State : **Maharashtra**  
City : **Akola**  
Pincode : **444005**

### Permanent Address

Address Line 1 : **RAJHANS APARTMENT**  
Address Line 2 : **MOHITE PLOTS**  
State : **Maharashtra**  
City : **Akola**  
Pincode : **444005**

## Education Details

### UG Qualification

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 : **RAJASTHAN**  
 Name of the University : **Rajasthan University, Jaipur**  
 Institution Name : **M.M.M. Govt. Ayurved Colege, Udaipur**  
 Specialization : **Ayurveda Vachaspati - M.D. (Dravya Guna Vigyana)**  
 Year of Passing : **1993**

### Details of Experience

State of Institution	District of Institution	Name of the college	Department(Subject)	Designation	From	To
Maharashtra	Akola	Radhakisan Toshniwal Ayurved Mahavidyalaya	Dravyaguna Vigyana	Assistant Professor/Lecturer	30/Sep/1996	17/May/2010
Maharashtra	Akola	Radhakisan Toshniwal Ayurved Mahavidyalaya	Dravyaguna Vigyana	Professor	18/May/2010	Till Date

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

### Current Job Details

Name of state board : **Maharashtra Council of Indian Medicine, Mumbai, Maharashtra**  
 Department : **Dravyaguna Vigyana**  
 (Subjects)  
 State Board Registration Number: **I 19083**  
 Designation : **Professor**  
 From Date : **18/May/2010**

### Bank Account Details

Salary Account Number : **42906327721**  
 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 relieving order**

**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 Joining report**

**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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