



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.

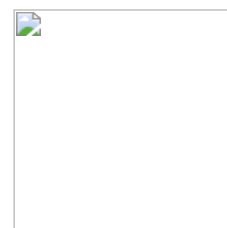


Institution Details

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 : **RAJENDRA**
Teacher MiddleName Name : **YASHWANT**
Teacher SurName Name : **MENDKI**
Teacher's Code Number : **AYXX00222**
Nature of present appointment : **Contractual**
Date Of Birth : **03/Feb/1962**
Father Name : **YASHWANT**
Email ID : **rymendki@rediffmail.com**
STD Code : **07242**
Telephone Number : **2491747**
Mobile Number : **9421668734**
Gender : **Male**
Mother Name : **VIJAYA**
PAN Number : **ABXPM1790P**



Current Address

Address Line 1 : **YASHODHAN, NR. INDRAYANI SCHOOL**
Address Line 2 : **KELA PLOTS, JATHARPETH**
State : **Maharashtra**
City : **Akola**
Pincode : **444005**

Permanent Address

Address Line 1 : **YASHODHAN, NR. INDRAYANI SCHOOL**
Address Line 2 : **KELA PLOTS, JATHARPETH**
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 : **1984**

Details of Experience

State of Institution	District of Institution	Name of the college	Department(Subject)	Designation	From	To
Maharashtra	Akola	Radhakisan Toshniwal Ayurved Mahavidyalaya	Kriya Sharir	Assistant Professor/Lecturer	15/Jul/1986	09/Dec/1990
Maharashtra	Akola	Radhakisan Toshniwal Ayurved Mahavidyalaya	Kriya Sharir	Assistant Professor/Lecturer	10/Dec/1990	06/Jul/2017
Maharashtra	Akola	Radhakisan Toshniwal Ayurved Mahavidyalaya	Kriya Sharir	Associate Professor/Reader	07/Jul/2017	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 : **Kriya Sharir**
 (Subjects)
 State Board Registration Number: **I 16150**
 Designation : **Associate Professor/Reader**
 From Date : **07/Jul/2017**

Bank Account Details

Salary Account Number : **20082104175**
 Name of Bank & Branch : **BOM**

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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