



# 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 : **Shilpa**  
 Teacher MiddleName Name : **Santosh**  
 Teacher SurName Name : **Tonde**  
 Teacher's Code Number : **AYPK00999**  
 Nature of present appointment : **Contractual**  
 Date Of Birth : **26/Oct/1992**  
 Father Name : **Santosh**  
 Email ID : **shilpatonde4@gmail.com**  
 Mobile Number : **8600788919**  
 Gender : **Female**  
 Mother Name : **Chhaya**  
 PAN Number : **BQKPT6385C**



## Current Address

Address Line 1 : **C/o K J Upasne**  
 Address Line 2 : **Krushna Kruti, Tapdiya nagar**  
 State : **Maharashtra**  
 City : **Akola**  
 Pincode : **444001**

## Permanent Address

Address Line 1 : **C/o K J Upasne**  
 Address Line 2 : **Krushna Kruti, Tapdiya nagar**  
 State : **Maharashtra**  
 City : **Akola**  
 Pincode : **444001**

## 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 : **Lt.Sunil Ramshingji Chunawale Ayurved College**

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 : **Yashwant Ayurved Mahavidyalaya, Post Graduate Training and Research Center, Kodoli.**

Specialization : **Ayurveda Vachaspati - M.D. (Panchkarma)**

Year of Passing : **2020**

### Details of Experience

State of Institution	District of Institution	Name of the college	Department(Subject)	Designation	From	To
Maharashtra	Akola	Radhakisan Toshniwal Ayurved Mahavidyalaya	Panchakarma	Assistant Professor/Lecturer	26/Mar/2021	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 : **Panchakarma**

(Subjects)

State Board Registration Number: **I 84452 A**

Designation : **Assistant Professor/Lecturer**

From Date : **26/Mar/2021**

### Bank Account Details

Salary Account Number : **43096767217**

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**



Version 15.02.01