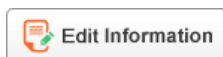




# National Commission for Indian System of Medicine

College T...

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

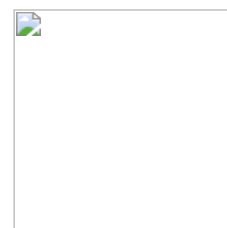


## Institution Details

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 : **GAJANAN**  
Teacher MiddleName Name : **AMBADAS**  
Teacher SurName Name : **THAKARE**  
Teacher's Code Number : **AYPK00402**  
Nature of present appointment : **Contractual**  
Date Of Birth : **28/May/1986**  
Father Name : **AMBADAS**  
Email ID : **dr.thakareg@gmail.com**  
Mobile Number : **9922895987**  
Gender : **Male**  
Mother Name : **KAMALA**  
PAN Number : **AKEPT1738J**



## Current Address

Address Line 1 : **flat no.4 sadguru apartments**  
Address Line 2 : **ramdas peth,akola**  
State : **Maharashtra**  
City : **Akola**  
Pincode : **444001**

## Permanent Address

Address Line 1 : **at mhaispur post.bhamod**  
Address Line 2 : **tq.daryapur**  
State : **Maharashtra**  
City : **Amravati**  
Pincode : **444706**

## 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 : **Aryangal Mahavidyalaya, Satara**

Name of the obtained recognized Medical Qualification : **Ayurvedacharya (Bachelor of Ayurvedic Medicine & Surgery)**

Nomenclature of qualification : **B.A.M.S.**

Year of Passing : **2009**

### 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 : **Loknete Rajarambapu Patil Ayurved Medical college, hospital, P.G. institute and research centre, urun islampur**

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

Year of Passing : **2014**

### 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	01/Oct/2014	25/Mar/2021
Maharashtra	Akola	Radhakisan Toshniwal Ayurved Mahavidyalaya	Panchakarma	Associate Professor/Reader	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 67593 A**

Designation : **Associate Professor/Reader**

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

### Bank Account Details

Salary Account Number : **43092978482**

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 copy of Promotion Order**

**Please click here. to download documents related to ESIC**

**Please click here. to download documents related to PPF**



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