



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 : **VARSHA**
 Teacher MiddleName Name : **UMRAO**
 Teacher SurName Name : **DONGRE**
 Teacher's Code Number : **AYRS01283**
 Nature of present appointment : **Contractual**
 Date Of Birth : **26/Oct/1987**
 Father Name : **UMRAO**
 Email ID : **varshampathak16@gmail.com**
 Mobile Number : **9765709367**
 Gender : **Female**
 Mother Name : **SHEELA**
 PAN Number : **CQBPD4558F**



Current Address

Address Line 1 : **C/o Shri Ramesh Chine**
 Address Line 2 : **Aashray Nagar, Dabki Road Akola**
 State : **Maharashtra**
 City : **Akola**
 Pincode : **444001**

Permanent Address

Address Line 1 : **Flat No. 301, Krushnakamal Residency,**
 Address Line 2 : **Sadguru Nagar, Near Samarth wadi, Badnera Road,**
 State : **Maharashtra**
 City : **Amravati**
 Pincode : **444607**

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 : **Govt. Ayurved Mahavidyalaya, Nagpur**

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

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

Year of Passing : **2011**

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 : **RA Podar Ayurved Medical College**

Specialization : **Ayurveda Vachaspati - M.D. (Rachana Sharir)**

Year of Passing : **2017**

Details of Experience

State of Institution	District of Institution	Name of the college	Department(Subject)	Designation	From
Maharashtra	Amravati	P.R. Pote Patil College of Medical Sciences Ayurved, Mauje, Kathora Road, Amravati-444602	Rachana Sharir	Assistant Professor/Lecturer	10/Jan/2023
Maharashtra	Akola	Radhakisan Toshniwal Ayurved Mahavidyalaya	Rachana Sharir	Assistant Professor/Lecturer	01/Jan/2023

Any gap in between your Job experience?: **Yes**

S.NO	From Date	To Date
1	29/Jul/2017	09/Jan/2023
2	01/Sep/2024	31/Dec/2024

Current Job Details

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

Department : **Rachana Sharir**

(Subjects)

State Board Registration Number: **I74853 A**

Designation : **Assistant Professor/Lecturer**

From Date : **01/Jan/2025**

Bank Account Details

Salary Account Number : **2723000102113749**

Name of Bank & Branch : **PNB**

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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