



# 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 : **SUNITA**  
 Teacher MiddleName Name : **SUNIL**  
 Teacher SurName Name : **NIVANE**  
 Teacher's Code Number : **AYRS00439**  
 Nature of present appointment : **Contractual**  
 Date Of Birth : **23/Sep/1962**  
 Father Name : **SUNIL NIWANE**  
 Email ID : **sunitaniwane23@gmail.com**  
 Mobile Number : **7588905917**  
 Gender : **Female**  
 Mother Name : **ASHA**  
 PAN Number : **ACJPN6244Q**



*Sunita Niwane*

### Current Address

Address Line 1 : **RAMDAS PETH, STATION ROAD**  
 Address Line 2 : **STATION ROAD**  
 State : **Maharashtra**  
 City : **Akola**  
 Pincode : **444001**

### Permanent Address

Address Line 1 : **RAMDAS PETH, STATION ROAD**  
 Address Line 2 : **STATION ROAD**  
 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 : **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 : **1985**

## PG Qualification

## PG Qualification 1

PG Degree/PG Diploma : **M.D.**

State from which Addl. Degree obtained : **MAHARASHTRA**

Name of the University : **Amrawati University, Amravati**

Institution Name : **Radhakisan Toshniwal Ayurved Mahavidyalaya**

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

Year of Passing : **1997**

## Details of Experience

State of Institution	District of Institution	Name of the college	Department(Subject)	Designation	From	To
Maharashtra	Akola	Gramin Ayurved Mahavidyalaya	Rachana Sharir	Assistant Professor/Lecturer	30/Nov/1998	11/Mar/2004
Maharashtra	Akola	Gramin Ayurved Mahavidyalaya	Rachana Sharir	Associate Professor/Reader	12/Mar/2004	15/Jun/2006
Maharashtra	Dhule	Smt. KC Ajmera Ayurved Mahavidyalaya	Rachana Sharir	Associate Professor/Reader	21/Aug/2006	06/Jul/2007
Maharashtra	Washim	Mahila Utkarsh Pratishthan Ayurved College, Hospital & Research Centre	Rachana Sharir	Associate Professor/Reader	07/Jul/2007	01/Jul/2009
Maharashtra	Washim	Mahila Utkarsh Pratishthan Ayurved College, Hospital & Research Centre	Rachana Sharir	Professor	02/Jul/2009	10/Dec/2014
Maharashtra	Nagpur	Shri Ayurved Mahavidyalaya	Rachana Sharir	Professor	11/Dec/2014	30/Nov/2015
Maharashtra	Akola	Radhakisan Toshniwal Ayurved Mahavidyalaya	Rachana Sharir	Professor	01/Dec/2015	31/Jan/2019
Maharashtra	Akola	Radhakisan Toshniwal Ayurved Mahavidyalaya	Rachana Sharir	Professor	01/Feb/2019	Till Date

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

S.NO	From Date	To Date
1	16/Jun/2006	20/Aug/2006

## Current Job Details

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

Department : **Rachana Sharir**

(Subjects)

State Board Registration Number: **I 17173**

Designation : **Professor**

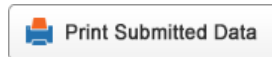
From Date :

**01/Dec/2015****Bank Account Details**

---

Salary Account Number : **43014804316**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