



# 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.

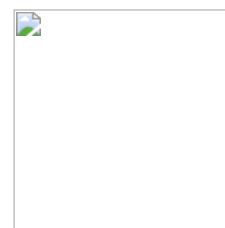


## Institution Details

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 : **SUDHIR**  
Teacher MiddleName Name : **MORESHWAR**  
Teacher SurName Name : **KANDEKAR**  
Teacher's Code Number : **AYRS00573**  
Nature of present appointment : **Regular**  
Date Of Birth : **15/Dec/1965**  
Father Name : **MORESHWAR**  
Email ID : **drsudhirkandekar@gmail.com**  
Mobile Number : **9422904810**  
Gender : **Male**  
Mother Name : **VIJAYA**  
PAN Number : **ACXPK4051G**



## Current Address

Address Line 1 : **C-18,**  
Address Line 2 : **SUDHIR COLONY**  
State : **Maharashtra**  
City : **Akola**  
Pincode : **444001**

## Permanent Address

Address Line 1 : **C-18,**  
Address Line 2 : **SUDHIR COLONY**  
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 : **Amrawati University, Amravati**

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 : **1989**

## 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 : **1995**

## Details of Experience

State of Institution	District of Institution	Name of the college	Department(Subject)	Designation	From	To
Maharashtra	Buldhana	Lt.Sunil Ramshingji Chunawale Ayurved College	Rachana Sharir	Assistant Professor/Lecturer	16/Jul/2001	18/Jul/2006
Maharashtra	Buldhana	Lt.Sunil Ramshingji Chunawale Ayurved College	Rachana Sharir	Associate Professor/Reader	19/Jul/2006	14/Oct/2006
Maharashtra	Wardha	Mahatma Gandhi Ayurved College, Hospital & Research Centre	Rachana Sharir	Associate Professor/Reader	16/Oct/2006	31/Aug/2011
Maharashtra	Wardha	Mahatma Gandhi Ayurved College, Hospital & Research Centre	Rachana Sharir	Professor	01/Sep/2011	04/Feb/2014
Maharashtra	Akola	Radhakisan Toshniwal Ayurved Mahavidyalaya	Rachana Sharir	Professor	05/Feb/2014	Till Date

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

S.NO	From Date	To Date
1	15/Oct/2006	15/Oct/2006

## Current Job Details

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

Department : **Rachana Sharir**

(Subjects)

State Board Registration Number: **I 21339 A1**

Designation : **Professor**

From Date : **05/Feb/2014**

## Bank Account Details

Salary Account Number : **42903954904**

Name of Bank & Branch : **SBI**

## Uploaded Documents

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**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 the Additional Degree certificate**

**Please click here. to download registration certificate**

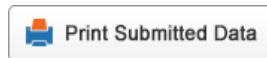
**Please click here. to download copy of Joining report**

**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.**

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