



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 : **SHAILESH**
Teacher MiddleName Name : **SAHADEO**
Teacher SurName Name : **NAWKAR**
Teacher's Code Number : **AYRB00699**
Nature of present appointment : **Regular**
Date Of Birth : **20/Jul/1974**
Father Name : **SAHADEO**
Email ID : **nawkarshailesh@gmail.com**
STD Code : **0724**
Telephone Number : **2455998**
Mobile Number : **9011928998**
Gender : **Male**
Mother Name : **PUSHPA**
PAN Number : **ACBPN5901A**



Current Address

Address Line 1 : **NEAR SAMYAK SAMBODHI SANSTHA**
Address Line 2 : **RANPISE NAGAR**
State : **Maharashtra**
City : **Akola**
Pincode : **444001**

Permanent Address

Address Line 1 : **NEAR SAMYAK SAMBODHI SANSTHA**
Address Line 2 : **RANPISE 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 : **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 : **1995**

PG Qualification

PG Qualification 1

PG Degree/PG Diploma : **M.D.**
 State from which Addl. Degree obtained : **GUJARAT**
 Name of the University : **Gujarat Ayurved University, Jamnagar**
 Institution Name : **Institute for Post-graduate Training & Research In Ayurveda
Gujrat Ayurved University, Jamnagar**
 Specialization : **Ayurveda Vachaspati - M.D. (Rasa Shastra)**
 Year of Passing : **2001**

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	Rasa Shastra & Bhaisajya Kalpana	Associate Professor/Reader	19/Aug/2002	03/Oct/2007
Maharashtra	Akola	Radhakisan Toshniwal Ayurved Mahavidyalaya	Rasa Shastra & Bhaisajya Kalpana	Assistant Professor/Lecturer	01/Dec/2008	29/Dec/2015
Maharashtra	Akola	Radhakisan Toshniwal Ayurved Mahavidyalaya	Rasa Shastra & Bhaisajya Kalpana	Associate Professor/Reader	30/Dec/2015	Till Date

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

S.NO	From Date	To Date
1	04/Oct/2007	30/Nov/2008

Current Job Details

Name of state board : **Maharashtra Council of Indian Medicine, Mumbai,
Maharashtra**
 Department : **Rasa Shastra & Bhaisajya Kalpana**
 (Subjects)
 State Board Registration Number: **I 30249 A1**
 Designation : **Associate Professor/Reader**
 From Date : **30/Dec/2015**

Bank Account Details

Salary Account Number : **42903955078**

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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