



# 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.

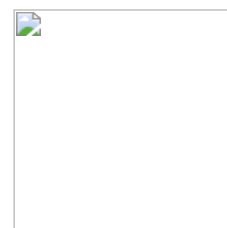


## Institution Details

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 : **VIPULKUMAR**  
 Teacher MiddleName Name : **PRAVINCHANDRA**  
 Teacher SurName Name : **KANANI**  
 Teacher's Code Number : **AYRN00320**  
 Nature of present appointment : **Regular**  
 Date Of Birth : **23/Oct/1975**  
 Father Name : **PRAVINCHANDRA**  
 Email ID : **vipulkanani@rediffmail.com**  
 Mobile Number : **9503972732**  
 Gender : **Male**  
 Mother Name : **SAROJBEN**  
 PAN Number : **AJYPK5307P**



## Current Address

Address Line 1 : **203, ANAND TOWER**  
 Address Line 2 : **JAWAHAR NAGAR**  
 State : **Maharashtra**  
 City : **Akola**  
 Pincode : **444005**

## Permanent Address

Address Line 1 : **203, ANAND TOWER**  
 Address Line 2 : **JAWAHAR NAGAR**  
 State : **Maharashtra**  
 City : **Akola**  
 Pincode : **444005**

## Education Details

### UG Qualification

State/UT from where the qualifying degree was obtained : **GUJARAT**

Name of University/Board or medical Institution : **Gujarat Ayurved University, Jamnagar**

Name of Institution : **Sheth JP Govt. Ayurved College**

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

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

Year of Passing : **1998**

### 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. (Roga Nidan avum Vikriti Vigyan)**

Year of Passing : **2002**

### Details of Experience

State of Institution	District of Institution	Name of the college	Department(Subject)	Designation	From	To
Maharashtra	Akola	Radhakisan Toshniwal Ayurved Mahavidyalaya	Rog Nidan avum Vikriti Vigyan	Associate Professor/Reader	22/Mar/2010	30/Jun/2017
Maharashtra	Akola	Radhakisan Toshniwal Ayurved Mahavidyalaya	Rog Nidan avum Vikriti Vigyan	Professor	01/Jul/2017	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 : **Rog Nidan avum Vikriti Vigyan**

(Subjects)

State Board Registration Number: **I 44976**

Designation : **Professor**

From Date : **01/Jul/2017**

### Bank Account Details

Salary Account Number : **42903954993**

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**



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