



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.

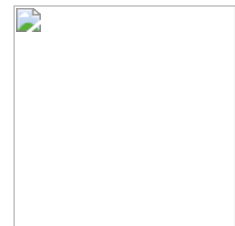


Institution Details

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 : **RAVI**
 Teacher MiddleName Name : **SHYAMSUNDAR**
 Teacher SurName Name : **AILANI**
 Teacher's Code Number : **AYSK00333**
 Nature of present appointment : **Regular**
 Date Of Birth : **03/Sep/1981**
 Father Name : **SHYAMSUNDAR**
 Email ID : **ailanirs@yahoo.co.in**
 Mobile Number : **9850313366**
 Gender : **Male**
 Mother Name : **GEETA**
 PAN Number : **AlaPA9990Q**



Current Address

Address Line 1 : **G-2, ANAND PARK,**
 Address Line 2 : **MADHAV NAGAR,**
 State : **Maharashtra**
 City : **Akola**
 Pincode : **444001**

Permanent Address

Address Line 1 : **G-2, ANAND PARK,**
 Address Line 2 : **MADHAV 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 : **Maharashtra University of Health Sciences, Nashik**

Name of Institution : **Hanuman Shikshan Prasarak Mandal's 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 : **2003**

PG Qualification

PG Qualification 1

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

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

Name of the University : **Maharashtra University of Health Sciences, Nashik**

Institution Name : **Hanuman Shikshan Prasarak Mandal's Ayurved Mahavidyalaya**

Specialization : **Ayurveda Dhanvantri - M.S. (Shalakya)**

Year of Passing : **2009**

Details of Experience

State of Institution	District of Institution	Name of the college	Department(Subject)	Designation	From	To
Maharashtra	Akola	Radhakisan Toshniwal Ayurved Mahavidyalaya	Shalakya Tantra	Assistant Professor/Lecturer	01/Apr/2010	31/Dec/2018
Maharashtra	Akola	Radhakisan Toshniwal Ayurved Mahavidyalaya	Shalakya Tantra	Associate Professor/Reader	01/Jan/2019	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 : **Shalakya Tantra**

(Subjects)

State Board Registration Number: **I 47695 A**

Designation : **Associate Professor/Reader**

From Date : **01/Jan/2019**

Bank Account Details

Salary Account Number : **42903954755**

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