



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.

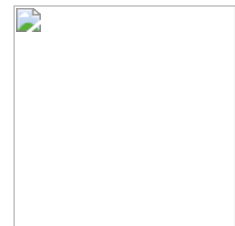


Institution Details

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 : **CHANDRAKANT**
Teacher MiddleName Name : **ARUN**
Teacher SurName Name : **DHANOKAR**
Teacher's Code Number : **AYST00658**
Nature of present appointment : **Regular**
Date Of Birth : **16/Sep/1981**
Father Name : **ARUN**
Email ID : **jagdishdhanokar2010@rediffmail.com**
Mobile Number : **9975053354**
Gender : **Male**
Mother Name : **Asha**
PAN Number : **AVRPD2010M**



Current Address

Address Line 1 : **C-3 shyamsarswati heights, Nibandhe plots**
Address Line 2 : **Near Kolhatkar mangal karyalaya chhoti umari**
State : **Maharashtra**
City : **Akola**
Pincode : **444005**

Permanent Address

Address Line 1 : **C-3 shyamsarswati heights, Nibandhe plots**
Address Line 2 : **Near Kolhatkar mangal karyalaya chhoti umari**
State : **Maharashtra**
City : **Akola**
Pincode : **444005**

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 : **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 : **2003**

PG Qualification

PG Qualification 1

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

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

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

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

Specialization : **Ayurveda Dhanvantri - M.S. (Shalya Samanya)**

Year of Passing : **2008**

Details of Experience

State of Institution	District of Institution	Name of the college	Department(Subject)	Designation	From	To
Maharashtra	Akola	Radhakisan Toshniwal Ayurved Mahavidyalaya	Shalyatantra + (Ksharsutra Lab.)	Assistant Professor/Lecturer	01/Apr/2010	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 : **Shalyatantra + (Ksharsutra Lab.)**

(Subjects)

State Board Registration Number: **I 47766 A**

Designation : **Assistant Professor/Lecturer**

From Date : **01/Apr/2010**

Bank Account Details

Salary Account Number : **42903954880**

Name of Bank & Branch : **SBI**

Uploaded Documents

- [Please click here. to download UG certificate](#)**
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