



# 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.

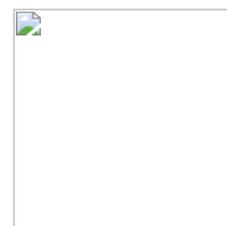


### Institution Details

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 : **SANTOSH**  
Teacher MiddleName Name : **MAROTRAO**  
Teacher SurName Name : **GHUGE**  
Teacher's Code Number : **AYST01536**  
Nature of present appointment : **Contractual**  
Date Of Birth : **01/Dec/1982**  
Father Name : **MAROTRAO**  
Email ID : **santosh\_ghuge@gmail.com**  
Mobile Number : **9421466981**  
Gender : **Male**  
Mother Name : **SULBHA**  
PAN Number : **AMZPG3624K**



### Current Address

Address Line 1 : **C/O. RUPAREL**  
Address Line 2 : **JAWAHAR NAGAR**  
State : **Maharashtra**  
City : **Akola**  
Pincode : **444001**

### Permanent Address

Address Line 1 : **C/O. RUPAREL**  
Address Line 2 : **JAWAHAR 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 : **University of Poona, Pune**

Institution Name : **Tilak Ayurved Mahavidyalaya**

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

Year of Passing : **2007**

#### PG Qualification 2

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

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

Name of the University : **University of Poona, Pune**

Institution Name : **Tilak Ayurved Mahavidyalaya**

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

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	29/Nov/2009	31/Mar/2021
Maharashtra	Akola	Radhakisan Toshniwal Ayurved Mahavidyalaya	Shalyatantra + (Ksharsutra Lab.)	Associate Professor/Reader	01/Apr/2021	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 47750 A**

Designation : **Associate Professor/Reader**

From Date : **01/Apr/2021**

### Bank Account Details

Salary Account Number : **30403550895**

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 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**

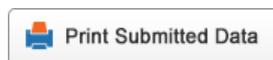
**Please click here. to download copy of Appointment order**

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