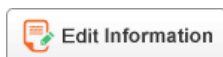




# National Commission for Indian System of Medicine

## 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 : **Dinesh**  
 Teacher MiddleName Name : **Ishwardas**  
 Teacher SurName Name : **Rathi**  
 Teacher's Code Number : **AYST00607**  
 Nature of present appointment : **Contractual**  
 Date Of Birth : **05/Dec/1962**  
 Father Name : **Ishwardas**  
 Email ID : **drrathidinesh231@gmail.com**  
 Mobile Number : **9423160400**  
 Gender : **Male**  
 Mother Name : **Asha**  
 PAN Number : **ABFPR7095A**



### Current Address

Address Line 1 : **Dabki Road,**  
 Address Line 2 : **Old City**  
 State : **Maharashtra**  
 City : **Akola**  
 Pincode : **444004**

### Permanent Address

Address Line 1 : **Dabki Road,**  
 Address Line 2 : **Old City**  
 State : **Maharashtra**  
 City : **Akola**  
 Pincode : **444004**

## Education Details

## UG Qualification

State/UT from where the qualifying degree was obtained : **MAHARASHTRA**  
 Name of University/Board or medical Institution : **Nagpur University, Nagpur**  
 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 : **1987**

## PG Qualification

## PG Qualification 1

PG Degree/PG Diploma : **M.D.**  
 State from which Addl. Degree obtained : **MAHARASHTRA**  
 Name of the University : **Amrawati University, Amravati**  
 Institution Name : **Dayabhai Maoji Majithiya Ayurved Mahavidyalaya**  
 Specialization : **Ayurveda Vachaspati - M.D. (Shalya)**  
 Year of Passing : **2000**

## Details of Experience

State of Institution	District of Institution	Name of the college	Department(Subject)	Designation	From	To
Maharashtra	Akola	Gramin Ayurved Mahavidyalaya	Shalyatantra + (Ksharsutra Lab.)	Assistant Professor/Lecturer	29/Aug/2002	14/Feb/2008
Maharashtra	Akola	Gramin Ayurved Mahavidyalaya	Shalyatantra + (Ksharsutra Lab.)	Associate Professor/Reader	15/Feb/2008	14/Dec/2020
Maharashtra	Akola	Radhakisan Toshniwal Ayurved Mahavidyalaya	Shalyatantra + (Ksharsutra Lab.)	Professor	16/Dec/2020	Till Date

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

S.NO	From Date	To Date
1	15/Dec/2020	15/Dec/2020

## Current Job Details

Name of state board : **Maharashtra Council of Indian Medicine, Mumbai, Maharashtra**  
 Department : **Shalyatantra + (Ksharsutra Lab.)**  
 (Subjects)  
 State Board Registration Number: **I19046**  
 Designation : **Professor**  
 From Date : **16/Dec/2020**

## Bank Account Details

Salary Account Number : **43014883026**  
 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**

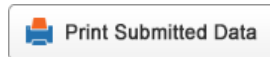
**Please click here. to download copy of Appointment order**

**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**



Version 15.02.01