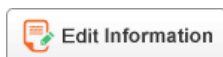




National Commission for Indian System of Medicine

College T...

You can review the information submitted in this College Teaching Staff Details form below before closing.

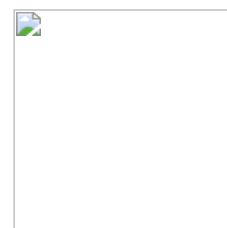


Institution Details

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 : **KISHOR**
Teacher MiddleName Name : **MORESHWAR**
Teacher SurName Name : **PIMPARKAR**
Teacher's Code Number : **AYSS00588**
Nature of present appointment : **Contractual**
Date Of Birth : **06/Sep/1960**
Father Name : **MORESHWAR**
Email ID : **drkmpimparkar@gmail.com**
Mobile Number : **9422860560**
Gender : **Male**
Mother Name : **INDIRA**
PAN Number : **ACMPP6947K**



Current Address

Address Line 1 : **SWAMINI, SBI COLONY NO.1**
Address Line 2 : **JATHARPETH**
State : **Maharashtra**
City : **Akola**
Pincode : **444005**

Permanent Address

Address Line 1 : **SWAMINI, SBI COLONY NO.1**
Address Line 2 : **JATHARPETH**
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 : **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 : **1983**

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 : **Radhakisan Toshniwal Ayurved Mahavidyalaya**

Specialization : **Ayurveda Vachaspati - M.D. (Ayurveda Samhita & Sidhanta)**

Year of Passing : **1998**

Additional Qualification

Additional Qualification 1

PG Degree/PG Diploma : **Ph.D.**

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

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

Institution Name : **Amrawati University, Amravati**

Specialization : **FACULTY OF AYURVEDIC MEDICINE**

Year of Passing : **2007**

Topic of PhD : **KASHYAP SAMHITOKT SHARIR KA ANYA SAMHITA GRANTO SE TULNATMAK ADHYAYN**

Mode of Study : **Part time**

Details of Experience

State of Institution	District of Institution	Name of the college	Department(Subject)	Designation	From	To
Maharashtra	Akola	Radhakisan Toshniwal Ayurved Mahavidyalaya	Swasthavritta & Yoga	Assistant Professor/Lecturer	09/Jul/1986	07/Sep/2009
Maharashtra	Akola	Radhakisan Toshniwal Ayurved Mahavidyalaya	Swasthavritta & Yoga	Professor	08/Sep/2009	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 : **Swasthavritta & Yoga**

(Subjects)

State Board Registration Number: **I 14896**

Designation :

Professor

From Date :

08/Sep/2009

Bank Account Details

Salary Account Number :

20082104164

Name of Bank & Branch :

BOM

Uploaded Documents

Please click here. to download UG certificate

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Please click here. to download the Additional Degree certificate

Please click here. to download registration certificate

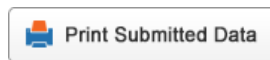
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Please click here. to download certified copy of Salary paid bank Statement of last one Year.

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