



National Commission for Indian System of Medicine

Faculty Registration Details

Note: The Commission/Marbism holds full authority to reject/withdraw any teacher code or to take appropriate action as per rules, if any discrepancy is found in the profile of the teacher.

Show Application History

Show Profile Updation History

Application Type: Fresh Teacher
Assigned TO: TO000081
Assigned Teacher Code : AYKB00627

Faculty Details

Teacher Code Reference No. :	TCRA000046654
Applicant Name :	Dr. AJIT MADANRAO CHANDEL
Gender :	Male
Date Of Birth :	25/Jul/1986
Father's Name :	MADANRAO
Mother's Name :	LILA
Teacher Code :	AYKB00627



Institute Details

Revoke Details

Teacher Code Restore Date :	22/01/2025
Linking Institution Name :	Radhakisan Toshniwal Ayurved Mahavidyalaya

Contact Details

Teacher's Mobile Number :	9881818105
Teacher's Email Id :	amchandel86@gmail.com
PAN Number :	ASBPC8651Q

Present Address Details

Address Line 1 :	C/O DR.A.S.KULKARNI KELA PLOTS
Address Line 2 :	JATHARPETH AKOLA
State :	Maharashtra
City :	Akola
Pin Code :	444005

Permanent Address Details

Address Line 1 :	AT PO.SHEMBAL PIMPRI
Address Line 2 :	TQ.PUSAD
State :	Maharashtra

City : **Yavatmal**
Pin Code : **445209**

Notice Period

Duration Of Notice period (In days) **30**

UG Qualification

System of Medicine : **Ayurveda**
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 : **Shri Gajanan Maharaj Sansthan 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 : **2009**

PG Qualification

PG Qualification 1
PG Degree/PG Diploma : **M.D.**
State from which Addl. Degree obtained : **KARNATAKA**
Name of the University : **Rajiv Gandhi University of Health Sciences, Bangalore**
Institution Name : **Shri Jagadguru Gavisiddeshwar Sansthan, Ayurvedic Medical College, PG Studies**
Specialization : **Ayurveda Vachaspati - M.D. (Kumarbhritya - Bala Roga)**
Year of Passing : **2016**

Current Job Details

Current Designation : **Assistant Professor/Lecturer**
Current Department : **Kaumarbhritya -Bala Roga**
From Date : **20/Nov/2019**
Do you want to change Department? : **No**

Registration Details

State Board Registration No : **I-66880-A**
State Board Name : **Maharashtra Council of Indian Medicine, Mumbai, Maharashtra**

Previous Experience Details

Date of initial appointment: **16/Jan/2017**

Row No.	State of the Institution	District of the Institution	Name of the Institution	Department(Subject)	Designation	From	To
1	Bihar	Siwan	Dayanand Ayurvedic Medical College & Hospital	Kaumarbhritya -Bala Roga	Assistant Professor/Lecturer	16/Jan/2017	19/Sep/2018
2	Maharashtra	Akola	Radhakisan Toshniwal Ayurved Mahavidyalaya	Kaumarbhritya -Bala Roga	Assistant Professor/Lecturer	20/Nov/2019	Till Date

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

S.NO	From Date	To Date	Reason
1	20/Sep/2018	19/Nov/2019	Gap Approved of Row 1

Checklist(Documents to be Verified)

To view document for date of birth. [Click here.](#)

To view Registration Certificate (Central or State Registration Certificate) [Click here.](#)

To view UG Qualification Degree certificate [Click here.](#)

To view PG Qualification Degree certificate [Click here.](#)

To view Appointment Order [Click here.](#)

To view Joining Letter [Click here.](#)

To view Experience Certificates [Click here.](#)

To view Certified copy of relieving certificate from previous Institution [Click here.](#)

To view scanned copy of PAN Card. [Click here.](#)

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