



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: TO000038
Current Owner: Teacher

Faculty Details

Teacher Code Reference No. :	TCRA000062089
Applicant Name :	Dr. Aishwarya Anil Sonawane
Gender :	Female
Date Of Birth :	17/May/1996
Father's Name :	Anil
Mother's Name :	Madhuri



Institute Details

Institution Id :	AYU0173
Institution Name :	Radhakisan Toshniwal Ayurved Mahavidyalaya
State :	Maharashtra

Contact Details

Teacher's Mobile Number :	9657940067
Teacher's Email Id :	aishwaryaag108@gmail.com
PAN Number :	FVKPS8601B

Present Address Details

Address Line 1 :	M V Sales, Kholeshwar Road
Address Line 2 :	Near Balaji Mall, Akola
State :	Maharashtra
City :	Akola
Pin Code :	444001

Permanent Address Details

Address Line 1 :	M V Sales, Kholeshwar Road
Address Line 2 :	Near Balaji Mall, Akola
State :	Maharashtra
City :	Akola
Pin Code :	444001

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 : **Govt. Ayurved Mahavidyalaya, Nagpur**
Name of the obtained recognized Medical Qualification : **Ayurvedacharya (Bachelor of Ayurvedic Medicine & Surgery)**
Nomenclature of qualification : **B.A.M.S.**
Year of Passing : **2018**

PG Qualification

PG Qualification
PG Degree/PG Diploma : **M.D.**
State from which Addl. Degree obtained : **MAHARASHTRA**
Name of the University : **Maharashtra University of Health Sciences, Nashik**
Institution Name : **Radhakisan Toshniwal Ayurved Mahavidyalaya**
Specialization : **Ayurveda Vachaspati - M.D. (Rachana Sharir)**
Year of Passing : **2024**

Current Job Details

Name of the Current Institution : **Radhakisan Toshniwal Ayurved Mahavidyalaya**
Current Designation : **Assistant Professor/Lecturer**
Current Department : **Rachana Sharir**
From Date : **29/Dec/2025**
Do you want to change Department? : **No**

Registration Details

State Board Registration No : **I -93424-**
State Board Name : **Maharashtra Council of Indian Medicine, Mumbai, Maharashtra**
HPR Number : **71324433147426**

Previous Experience Details

Date of initial appointment: **29/Dec/2025**

Row No.	State of the Institution	District of the Institution	Name of the Institution	Department(Subject)	Designation	From	To
1	Maharashtra	Akola	Radhakisan Toshniwal Ayurved Mahavidyalaya	Rachana Sharir	Assistant Professor/Lecturer	29/Dec/2025	Till Date

Any gap in between your Job experience?: **No**

Checklist(Documents to be Verified)

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

To view 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/Transfer Order [Click here.](#)

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

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

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

To view NTET Eligibility certificate/Score card. [Click here.](#)