



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: TO000091
Current Owner: Institute
Assigned Teacher Code : AYRN01273

Faculty Details

Teacher Code Reference No. :	TCRA000058742
Applicant Name :	Dr. PALLAVI BHASKAR PATOND
Gender :	Female
Date Of Birth :	26/Feb/1996
Father's Name :	BHASKAR
Mother's Name :	SUREKHA
Teacher Code :	AYRN01273



Institute Details

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

Contact Details

Teacher's Mobile Number :	8668277853
Teacher's Email Id :	pallavipatond4@gmail.com
PAN Number :	gukpp7958c

Present Address Details

Address Line 1 :	C/o Shri Vicky S Aghadate
Address Line 2 :	Renuka Nagar, Dabki Road, Old City
State :	Maharashtra
City :	Akola
Pin Code :	444002

Permanent Address Details

Address Line 1 :	C/o Shri Vicky S Aghadate
Address Line 2 :	Renuka Nagar, Dabki Road, Old City
State :	Maharashtra

City : **Akola**
Pin Code : **444002**

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 : **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 : **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. (Roga Nidan avum Vikriti Vigyan)**
Year of Passing : **2024**

Current Job Details

Name of the Current Institution : **Radhakisan Toshniwal Ayurved Mahavidyalaya**
Current Designation : **Assistant Professor/Lecturer**
Current Department : **Rog Nidan avum Vikriti Vigyan**
From Date : **31/Dec/2024**
Do you want to change Department? : **No**

Registration Details

State Board Registration No : **I-94207-A**
State Board Name : **Maharashtra Council of Indian Medicine, Mumbai, Maharashtra**
HPR Number : **71136760571808**

Previous Experience Details

Date of initial appointment: **31/Dec/2024**

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	Rog Nidan avum Vikriti Vigyan	Assistant Professor/Lecturer	31/Dec/2024	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 Certified copy of relieving certificate from previous Institution [Click here.](#)

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

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