



National Commission for Indian System of Medicine

Faculty Registration Details

Note: The Commission/Marbhism 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: Promotion
Assigned TO: TO000038
Current Owner: Teacher
Assigned Teacher Code : AYPK00999

Faculty Details

Teacher Code Reference No. :	TCRA000049102
Applicant Name :	Dr. Shilpa Santosh Tonde
Gender :	Female
Date Of Birth :	26/Oct/1992
Father's Name :	Santosh
Mother's Name :	Chhaya
Teacher Code :	AYPK00999



Shilpa

Institute Details

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

Contact Details

Teacher's Mobile Number :	8600788919
Teacher's Email Id :	shilpatonde4@gmail.com
PAN Number :	BQKPT6385C

Present Address Details

Address Line 1 :	C/o K J Upasne
Address Line 2 :	Krushna Kruti, Tapdiya nagar
State :	Maharashtra
City :	Akola
Pin Code :	444001

Permanent Address Details

Address Line 1 :	C/o K J Upasne
Address Line 2 :	Krushna Kruti, Tapdiya nagar
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 : **Lt.Sunil Ramshingji Chunawale Ayurved College**
Name of the obtained recognized Medical Qualification : **Ayurvedacharya (Bachelor of Ayurvedic Medicine & Surgery)**
Nomenclature of qualification : **B.A.M.S.**
Year of Passing : **2015**

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 : **Yashwant Ayurved Mahavidyalaya, Post Graduate Training and Research Center, Kodoli.**
Specialization : **Ayurveda Vachaspati - M.D. (Panchkarma)**
Year of Passing : **2020**

Current Job Details

Request Type : **Promotion**
Name of the Current Institution : **Radhakisan Toshniwal Ayurved Mahavidyalaya**
Current Department : **Panchakarma**
From Date : **26/Mar/2021**
To Date : **20/Apr/2026**
Changed Designation : **Associate Professor/Reader**
Changed Department/Designation From Date : **21/Apr/2026**

Registration Details

State Board Registration No : **I 84452 A**
State Board Name : **Maharashtra Council of Indian Medicine, Mumbai, Maharashtra**
HPR Number : **71838866467654**

Previous Experience Details

Date of initial appointment: **26/Mar/2021**

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	Panchakarma	Assistant Professor/Lecturer	26/Mar/2021	20/Apr/2026
2	Maharashtra	Akola	Radhakisan Toshniwal Ayurved Mahavidyalaya	Panchakarma	Associate Professor/Reader	21/Apr/2026	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 Promotion Order [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.](#)