




# 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.

 Edit Information

 Close

## Institution Details

Institution Id : **AYU0763**  
 Institution Name : **AGM Ayurvedic Medical College & Hospital, Algur RC Jamkhadi-Bagalkot-587301, Karnataka**  
 Institution Course : **Ayurveda**  
 Visitation Id : **A06393**

## Personal Information

Part Time Department : **Not Applicable**  
 Salutation : **Dr.**  
 Teacher First Name : **ASHWINI**  
 Teacher MiddleName Name : **B**  
 Teacher SurName Name : **THUBE**  
 Teacher's Code Number : **AYKS01022**  
 Nature of present appointment : **Regular**  
 Date Of Birth : **08/Jul/1987**  
 Father Name : **BHALCHANDRA**  
 Email ID : **craveendra123@gmail.com**  
 Mobile Number : **9066631667**  
 Gender : **Female**  
 Mother Name : **ANURADHA**  
 PAN Number : **ALRPT0869L**



*Ashwini*

## Current Address

Address Line 1 : **Alagura RC Vijapur Road Jamakhadn**  
 State : **Karnataka**  
 City : **Bagalkot**  
 Pincode : **587301**

## Permanent Address

Address Line 1 : **E305, PALM ACRES, CHE LIMITED**  
 Address Line 2 : **MAHATMA PHULE ROAD, MULUND EAST, MUMBAI**  
 State : **Maharashtra**  
 City : **Mumbai**  
 Pincode : **400081**

## Education Details

## UG Qualification

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 : **Bhartiya Sanskriti Darshan Trust 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 : **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. (Kriya Sharir)**

Year of Passing : **2022**

## Details of Experience

State of Institution	District of Institution	Name of the college	Department(Subject)	Designation	From
Karnataka	JAMKHANDI	AGM Ayurvedic Medical College & Hospital, Algur RC Jamkhandi-Bagalkot-587301, Karnataka	Kriya Sharir	Assistant Professor/Lecturer	14/Nov/20

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



## Current Job Details

Name of state board : **Maharashtra Council of Indian Medicine, Mumbai, Maharashtra**

Department : **Kriya Sharir**

(Subjects)

State Board Registration Number: **I-63228-A**

Designation : **Assistant Professor/Lecturer**

From Date : **14/Nov/2022**

## Bank Account Details

Salary Account Number : **50200025784607**

Name of Bank & Branch : **HDFC KOLHAPUR**

## Uploaded Documents

- Please click here. to download UG certificate**
- Please click here. to download PG certificate**
- Please click here. to download experience certificates**
- Please click here. to download relieving order**
- Please click here. to download certified copy of Form 16 (Part-A & Part-B)/26AS**
- Please click here. to download registration certificate**

**Please click here. to download copy of Joining report**

**Please click here. to download copy of Appointment order**

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

**Please click here. to download copy of Promotion Order**

**Please click here. to download documents related to ESIC**

**Please click here. to download documents related to PPF**

