



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 Jamkhandi-Bagalkot-587301, Karnataka**
 Institution Course : **Ayurveda**
 Visitation Id : **A06393**

Personal Information

Part Time Department : **Not Applicable**
 Salutation : **Dr.**
 Teacher First Name : **MAHALAPPA**
 Teacher MiddleName Name : **REVANSIDDHA**
 Teacher SurName Name : **MEHTRE**
 Teacher's Code Number : **AYRS01334**
 Nature of present appointment : **Regular**
 Date Of Birth : **26/Jan/1988**
 Father Name : **REVANSIDDHA**
 Email ID : **shriveer123@gmail.com**
 Mobile Number : **9158166871**
 Gender : **Male**
 Mother Name : **SUNANDA**
 PAN Number : **BXLPM8408B**



Current Address

Address Line 1 : **C/O MARUTI DONDIBA PHALKE AT / P ALGUR**
 Address Line 2 : **JAMKHANDI**
 State : **Karnataka**
 City : **JAMKHANDI**
 Pincode : **587301**

Permanent Address

Address Line 1 : **S/O REVANSIDDHA MEHTRE AT/P HULJANTI**
 Address Line 2 : **MANGALWEDDA**
 State : **Maharashtra**
 City : **Mangalwedha**
 Pincode : **430003**

Education Details

UG Qualification

State/UT from where the qualifying degree was obtained : **KARNATAKA**
Name of University/Board or medical Institution : **Rajiv Gandhi University of Health Sciences, Bangalore**
Name of Institution : **Taluka Shikshana Prasarak Sahakara Mandal Ayurvedic College sindagi**
Name of the obtained recognized Medical Qualification : **Ayurvedacharya (Bachelor of Ayurvedic Medicine & Surgery)**
Nomenclature of qualification : **B.A.M.S.**
Year of Passing : **2011**

PG Qualification

PG Qualification 1

PG Degree/PG Diploma : **M.D.**
State from which Adml. Degree obtained : **MAHARASHTRA**
Name of the University : **Bharati Vidyapeeth (Deemed University) Pune**
Institution Name : **Bharati Vidyapeeth (Deemed University) Pune**
Specialization : **Ayurveda Vachaspati - M.D. (Rachana Sharir)**
Year of Passing : **2015**

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	Rachana Sharir	Assistant Professor/Lecturer	08/Nov/20

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

S.NO	From Date	To Date
1	05/Jan/2016	07/Nov/2022

Current Job Details

Name of state board : **Karnataka Ayurvedic & Unani Practitioner's Board, Bangalore, Karnataka**
Department : **Rachana Sharir**
(Subjects)
State Board Registration Number: **29664**
Designation : **Assistant Professor/Lecturer**
From Date : **08/Nov/2022**

Bank Account Details

Salary Account Number : **151510100008763**
Name of Bank & Branch : **BOI UMADI**

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

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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.

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