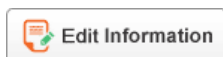




# National Commission for Indian System of Medicine

College T...

You can review the information submitted in this College Teaching Staff Details form below before closing.



## 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 : **PAVITHRA**  
 Teacher MiddleName Name : **N**  
 Teacher SurName Name : **K**  
 Teacher's Code Number : **AYSV01032**  
 Nature of present appointment : **Regular**  
 Date Of Birth : **24/Sep/1996**  
 Father Name : **NAGAPPA G K**  
 Email ID : **pavithrank635@gmail.com**  
 Mobile Number : **8884114089**  
 Gender : **Female**  
 Mother Name : **MANJULA**  
 PAN Number : **DRUPK2617B**



## Current Address

Address Line 1 : **195 mundagnur at post bilgi taluk bagalkot dist**  
 Address Line 2 : **mundaganur**  
 State : **Karnataka**  
 City : **Bagalkot**  
 Pincode : **587101**

## Permanent Address

Address Line 1 : **195 mundagnur at post bilgi taluk bagalkot dist**  
 Address Line 2 : **mundaganur**  
 State : **Karnataka**  
 City : **Bagalkot**  
 Pincode : **587101**

## 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 : **JSS Ayurveda Medical College**

Name of the obtained recognized Medical Qualification : **Ayurvedacharya (Bachelor of Ayurvedic Medicine & Surgery)**

Nomenclature of qualification : **B.A.M.S.**

Year of Passing : **2019**

### PG Qualification

#### PG Qualification 1

PG Degree/PG Diploma : **M.D.**

State from which Addl. Degree obtained : **KARNATAKA**

Name of the University : **Rajiv Gandhi University of Health Sciences, Bangalore**

Institution Name : **Shri Jagadguru Gavisiddeshwar Sansthan, Ayurvedic Medical College, PG Studies**

Specialization : **Ayurveda Vachaspati - M.D. (Swastha Vritta & Yoga)**

Year of Passing : **2024**

### 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 Jamkhadi-Bagalkot-587301, Karnataka	Swasthavritta & Yoga	Assistant Professor/Lecturer	19/Feb/20.

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

### Current Job Details

Name of state board : **Karnataka Ayurvedic & Unani Practitioner's Board, Bangalore, Karnataka**

Department : **Swasthavritta & Yoga**

(Subjects)

State Board Registration Number: **42090**

Designation : **Assistant Professor/Lecturer**

From Date : **19/Feb/2024**

### Bank Account Details

Salary Account Number : **151201062443**

Name of Bank & Branch : **CNR MYSORE**

### 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 documents related to ESIC**

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

 **Print Submitted Data**