



# 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

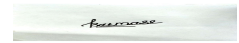
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## Institution Details

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 : **TRUSHNA**  
 Teacher MiddleName Name : **PANJABRAO**  
 Teacher SurName Name : **BARMASE**  
 Teacher's Code Number : **AYSV00934**  
 Nature of present appointment : **Regular**  
 Date Of Birth : **08/Jan/1994**  
 Father Name : **PANJAB MOTIRAMJI BARMASE**  
 Email ID : **tushupb@gmail.com**  
 Mobile Number : **9405438121**  
 Gender : **Female**  
 Mother Name : **JAYA**  
 PAN Number : **BNHPB6913J**



## Current Address

Address Line 1 : **AGM CAMPUS JAMAKHANDI**  
 Address Line 2 : **JAMAKHANDI**  
 State : **Karnataka**  
 City : **JAMKHANDI**  
 Pincode : **587301**

## Permanent Address

Address Line 1 : **ward no 1 surya colony**  
 Address Line 2 : **near bas stand**  
 State : **Maharashtra**  
 City : **Amravati**  
 Pincode : **444906**

## 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 : **Maharashtra Arogya Mandals Sumatibhai Shah 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 : **2016**

### 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 : **RA Podar Ayurved Medical College**

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

Year of Passing : **2022**

### Details of Experience

State of Institution	District of Institution	Name of the college	Department(Subject)	Designation
Uttar Pradesh	Unnao	Amarapali Ayurvedic Medical College, Vill. Behta Mujawar, Bangermau, Unnao-209801, Uttar Pradesh	Swasthavritta & Yoga	Assistant Professor/Lecture
Karnataka	JAMKHANDI	AGM Ayurvedic Medical College & Hospital, Algur RC Jamkhandi-Bagalkot-587301, Karnataka	Swasthavritta & Yoga	Assistant Professor/Lecture

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

### Current Job Details

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

Department : **Swasthavritta & Yoga**

(Subjects)

State Board Registration Number: **I-88624A**

Designation : **Assistant Professor/Lecturer**

From Date : **23/Dec/2023**

### Bank Account Details

Salary Account Number : **020501000023057**

Name of Bank & Branch : **IOBA WORLI MUMBAI**

### 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 the Additional Degree certificate**

**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**

