



National Commission for Indian System of Medicine

Faculty Registration Details

Note: The Commission/Marbisim 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: Fresh Teacher
Assigned TO: TO000075
Current Owner: Institute
Assigned Teacher Code : AYKS01022

Faculty Details

Teacher Code Reference No. :	TCRA000052818
Applicant Name :	Dr. ASHWINI B THUBE
Gender :	Female
Date Of Birth :	08/Jul/1987
Father's Name :	BHALCHANDRA
Mother's Name :	ANURADHA
Teacher Code :	AYKS01022



Institute Details

Institution Id :	AYU0763
Institution Name :	AGM Ayurvedic Medical College & Hospital, Algur RC Jamkhandi- Bagalkot-587301, Karnataka
State :	Karnataka

Contact Details

Teacher's Mobile Number :	9066631667
Teacher's Email Id :	craveendra123@gmail.com
PAN Number :	ALRPT0869L

Present Address Details

Address Line 1 :	Alagura RC Vijapur Road Jamakhadn
State :	Karnataka
City :	Bagalkot
Pin Code :	587301

Permanent Address Details

Address Line 1 :	E305, PALM ACRES, CHE LIMITED
Address Line 2 :	MAHATMA PHULE ROAD, MULUND EAST, MUMBAI
State :	Maharashtra

City : **Mumbai**
Pin Code : **400081**

Notice Period

Duration Of Notice period (In days) **90**

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 : **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**

Current Job Details

Name of the Current Institution : **AGM Ayurvedic Medical College & Hospital, Algur RC Jamkhandi-Bagalkot-587301, Karnataka**
Current Designation : **Assistant Professor/Lecturer**
Current Department : **Kriya Sharir**
From Date : **14/Nov/2022**
Do you want to change Department? : **No**

Registration Details

State Board Registration No : **I-63228-A**
State Board Name : **Maharashtra Council of Indian Medicine, Mumbai, Maharashtra**
HPR Number : **3277064634438**

Previous Experience Details

Date of initial appointment: **14/Nov/2022**

Row No.	State of the Institution	District of the Institution	Name of the Institution	Department(Subject)	Designation	From	To
1	Karnataka	JAMKHANDI	AGM Ayurvedic Medical College & Hospital, Algur RC Jamkhandi-Bagalkot-587301, Karnataka	Kriya Sharir	Assistant Professor/Lecturer	14/Nov/2022	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 Registration Certificate (Central or 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 [Click here.](#)

To view Joining Letter [Click here.](#)

To view Promotion Order [Click here.](#)

To view Experience Certificates [Click here.](#)

To view Certified copy of relieving certificate from previous Institution [Click here.](#)

To view scanned copy of PAN Card. [Click here.](#)

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