



# National Commission for Indian System of Medicine

## Faculty Registration Details

## Teacher Code Restoring Form

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.

[Profile Updation](#)[Show Application History](#)

Application Type: Fresh Teacher  
Assigned TO: TO000075  
Current Owner: Teacher  
Assigned Teacher Code : AYKB01122

### Faculty Details

Teacher Code Reference No. :	<b>TCRA000055800</b>
Applicant Name :	<b>Dr. GUND PAVAN LAXMAN</b>
Gender :	<b>Male</b>
Date Of Birth :	<b>27/Mar/1986</b>
Father's Name :	<b>GUND LAXMAN UDHAV</b>
Mother's Name :	<b>CHAMAPA</b>
Teacher Code :	<b>AYKB01122</b>



### Institute Details

Institution Id :	<b>Revoke</b>
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### Contact Details

Teacher's Mobile Number :	<b>9096617820</b>
Teacher's Email Id :	<b>dr.pavangund1986@gmail.com</b>
PAN Number :	<b>BBAPG5544H</b>

### Present Address Details

Address Line 1 :	<b>Chirayu Hospital Swarupananad nagar</b>
Address Line 2 :	<b>Madha road vairag tal Barshi 413402</b>
State :	<b>Maharashtra</b>
City :	<b>SOLAPUR</b>
Pin Code :	<b>413402</b>

### Permanent Address Details

Address Line 1 :	<b>Chirayu Hospital Swarupananad nagar</b>
Address Line 2 :	<b>Madha road vairag tal Barshi 413402</b>

State : **Maharashtra**  
City : **SOLAPUR**  
Pin Code : **413402**

### Notice Period

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

### UG Qualification

System of Medicine : **Ayurveda**  
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 : **Shri Vijay Mahenthesh Ayurvedic 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 : **2008**

### 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 : **SDM Trusts Ayurved Medical College**  
Specialization : **Ayurveda Vachaspati - M.D. (Kumarbhritya - Bala Roga)**  
Year of Passing : **2021**

### Current Job Details

Current Designation : **Assistant Professor/Lecturer**  
Current Department : **Kaumarbhritya -Bala Roga**  
From Date : **16/Apr/2022**  
Do you want to change Department? : **No**

### Registration Details

State Board Registration No : **24123**  
State Board Name : **Karnataka Ayurvedic & Unani Practitioner's Board, Bangalore, Karnataka**  
HPR Number : **71-6100-2851-3745**

### Previous Experience Details

Date of initial appointment: **16/Apr/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	Kaumarbhritya -Bala Roga	Consultant	16/Apr/2022	23/Dec/2023

Any gap in between your Job experience?:

**No**

### Checklist(Documents to be Verified)

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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 Experience Certificates Click here.

To view scanned copy of PAN Card. Click here.

To view Additional Document. Click here.

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