



National Commission for Indian System of Medicine

Faculty Registration Details

Teacher Code Restoring Form

Note: The Commission/Marbism 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: TO000092
Current Owner: Teacher
Assigned Teacher Code : AYST02568

Faculty Details

Teacher Code Reference No. :	TCRA000057396
Applicant Name :	Dr. REKHA RAMESH MUDDAPUR
Gender :	Female
Date Of Birth :	04/Jun/1996
Father's Name :	RAMESH S MUDDAPUR
Mother's Name :	MANANDA R MUDDAPUR
Teacher Code :	AYST02568



R. R. Muddapur

Institute Details

Institution Id :	Revoke
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Contact Details

Teacher's Mobile Number :	8197445714
Teacher's Email Id :	rekhamuddapur43@gmail.com
PAN Number :	CPWPM9375R

Present Address Details

Address Line 1 :	Telasang Road near police station A/P savalagi
Address Line 2 :	JAMAKHANDI
State :	Karnataka
City :	JAMKHANDI
Pin Code :	587330

Permanent Address Details

Address Line 1 :	Telasang Road near police station A/P savalagi
Address Line 2 :	JAMAKHANDI
State :	Karnataka
City :	JAMKHANDI
Pin Code :	587330

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 : **KLE University Shri.BM Kankanawadi Ayurveda Mahavidyalaya Post Graduate Studies and Research Centre Belgaum**

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.S.**

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

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

Institution Name : **Shri Shivayogeshwar Rural Ayurvedic Medical College**

Specialization : **Ayurveda Dhanvantri - M.S. (Shalya Samanya)**

Year of Passing : **2024**

Current Job Details

Current Designation : **Assistant Professor/Lecturer**

Current Department : **Shalyatantra + (Ksharsutra Lab.)**

From Date : **01/Apr/2024**

Do you want to change Department? : **No**

Registration Details

State Board Registration No : **41705**

State Board Name : **Karnataka Ayurvedic & Unani Practitioner's Board, Bangalore, Karnataka**

HPR Number : **12345678910**

Previous Experience Details

Date of initial appointment: **01/Apr/2024**

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	Shalyatantra + (Ksharsutra Lab.)	Consultant	01/Apr/2024	05/Apr/2024

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 Experience Certificates [Click here.](#)

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

To view Additional Document. [Click here.](#)

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