



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: Appointment Of Teacher
Assigned TO: TO000075
Current Owner: Teacher
Assigned Teacher Code : AYST02119

Faculty Details

Teacher Code Reference No. :	TCRA000051313
Applicant Name :	Dr. SUNITA CHAUKIMAT
Gender :	Female
Date Of Birth :	15/Apr/1990
Father's Name :	SHARANAYYA
Mother's Name :	MEENAXI
Teacher Code :	AYST02119



Institute Details

Institution Id :	Revoke
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Contact Details

Teacher's Mobile Number :	9591603350
Teacher's Email Id :	sunitachoukimath@gmail.com
PAN Number :	CRDPC3321E

Present Address Details

Address Line 1 :	W/O DR SHIVAKUMAR VIRAKTIMATH JAYANAGAR
Address Line 2 :	NEAR HANUMAN TEMPLE MUDHOL BAGALKOT
State :	Karnataka
City :	Bagalkot
Pin Code :	587313

Permanent Address Details

Address Line 1 :	W/O DR SHIVAKUMAR VIRAKTIMATH JAYANAGAR
Address Line 2 :	NEAR HANUMAN TEMPLE MUDHOL BAGALKOT
State :	Karnataka
City :	Bagalkot
Pin Code :	587313

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 : **Ayurved Mahavidyalaya & Hospital**
 Name of the obtained recognized Medical Qualification : **Ayurvedacharya (Bachelor of Ayurvedic Medicine & Surgery)**
 Year of Passing : **2012**

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 Basaveshwar Veerashaiva Vidya Vardhak Sanghas, BVVS Ayurved Medical College, Bagalkot.**
 Specialization : **Ayurveda Dhanvantri - M.S. (Shalya Samanya)**
 Year of Passing : **2021**

Current Job Details

Current Designation : **Assistant Professor/Lecturer**
 Current Department : **Shalyatantra + (Ksharsutra Lab.)**
 From Date : **15/Jan/2022**
 Do you want to change Department? : **No**

Registration Details

State Board Registration No : **32216**
 State Board Name : **Karnataka Ayurvedic & Unani Practitioner's Board, Bangalore, Karnataka**
 HPR Number : **35045762656183**

Previous Experience Details

Date of initial appointment: **14/Dec/2021**

Row No.	State of the Institution	District of the Institution	Name of the Institution	Department(Subject)	Designation	From	To
1	Karnataka	Hubballi(Hubli)	Jain Agm Ayurveda Medical College And Hospital, Varur	Shalyatantra + (Ksharsutra Lab.)	Assistant Professor/Lecturer	14/Dec/2021	14/Jan/2022
2	Karnataka	JAMKHANDI	AGM Ayurvedic Medical College & Hospital, Algur RC Jamkhandi-Bagalkot-587301, Karnataka	Shalyatantra + (Ksharsutra Lab.)	Assistant Professor/Lecturer	15/Jan/2022	22/Dec/2023

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

Checklist(Documents to be Verified)

To view document for Resignation by teacher. Click here.

To view document for Acceptance Of resignation by college. [Click here.](#)

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

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

Version 15.02.01