



# 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 : AYPS01620

### Faculty Details

Teacher Code Reference No. :	<b>TCRA000054286</b>
Applicant Name :	<b>Dr. ASHWINI SHRIMANT PATIL</b>
Gender :	<b>Female</b>
Date Of Birth :	<b>03/Jul/1992</b>
Father's Name :	<b>MALLIKARJUN</b>
Mother's Name :	<b>NILAGANGA</b>
Teacher Code :	<b>AYPS01620</b>



### Institute Details

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

Teacher's Mobile Number :	<b>9664587548</b>
Teacher's Email Id :	<b>drashwinipatil544@gmail.com</b>
PAN Number :	<b>CLGPP7718H</b>

### Present Address Details

Address Line 1 :	<b>JAMAKHANDI</b>
Address Line 2 :	<b>JAMAKHANDI</b>
State :	<b>Karnataka</b>
City :	<b>JAMKHANDI</b>
Pin Code :	<b>587301</b>

### Permanent Address Details

Address Line 1 :	<b>POLICE STATION NEAR SALAGAR UMADI</b>
Address Line 2 :	<b>POLICE STATION NEAR SALAGAR UMADI</b>

State : **Maharashtra**  
City : **Jath**  
Pin Code : **142143**

### Notice Period

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

### UG Qualification

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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 : **Hanuman Shikshan Prasarak Mandal's 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 : **2014**

### PG Qualification

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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 : **SDM Trusts Ayurved Medical College**  
Specialization : **Ayurveda Dhanvantri - M.S. (Prasuti avum Stri Roga)**  
Year of Passing : **2020**

### Current Job Details

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Current Designation : **Assistant Professor/Lecturer**  
Current Department : **Prasuti & Stri Roga**  
From Date : **28/Mar/2023**  
Do you want to change Department? : **No**

### Registration Details

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Central Registration Number : **82809**  
State Board Registration No : **I-82809-A**  
State Board Name : **Maharashtra Council of Indian Medicine, Mumbai, Maharashtra**  
HPR Number : **123546828926**

### Previous Experience Details

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Date of initial appointment: **26/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	Prasuti & Stri Roga	Consultant	26/Apr/2022	28/Mar/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.](#)