



National Commission for Indian System of Medicine

Faculty Registration Details

Teacher Code Restoring Form

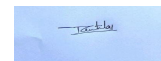
Note: The Commission/Marbisim holds full authority to reject/withdraw any teacher code or to take appropriate action as per rules, if any discrepancy is found in the profile of the teacher.

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

Application Type: Fresh Teacher
Assigned TO: TO000075
Current Owner: Teacher
Assigned Teacher Code : AYP501620

Faculty Details

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



Institute Details

Institution Id :	Revoke
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Contact Details

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

Present Address Details

Address Line 1 :	JAMAKHANDI
Address Line 2 :	JAMAKHANDI
State :	Karnataka
City :	JAMKHANDI
Pin Code :	587301

Permanent Address Details

Address Line 1 :	POLICE STATION NEAR SALAGAR UMADI
Address Line 2 :	POLICE STATION NEAR SALAGAR UMADI

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

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 : **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

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

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

Registration Details

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

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)

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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