



National Commission for Indian System of Medicine

Faculty Registration Details



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.

Show Application History

Show Profile Updation History

Application Type: Fresh Teacher
Assigned TO: TO000075
Current Owner: Institute
Assigned Teacher Code : AYRS01334

Faculty Details

Teacher Code Reference No. :	TCRA000052914	
Applicant Name :	Dr. MAHALAPPA REVANSIDDHA MEHTA	
Gender :	RE	
Date Of Birth :	Male	
Father's Name :	26/Jan/1988	
Mother's Name :	REVANSIDDHA	
Teacher Code :	SUNANDA	
	AYRS01334	

Institute Details

Institution Id :	AYU0763
Institution Name :	AGM Ayurvedic Medical College & Hospital, Algur RC Jamkhandi-Bagalkot-587301, Karnataka
State :	Karnataka

Contact Details

Teacher's Mobile Number :	9158166871
Teacher's Email Id :	shriveer123@gmail.com
PAN Number :	BXLPM8408B

Present Address Details

Address Line 1 :	C/O MARUTI DONDIBA PHALKE AT / P ALGUR
Address Line 2 :	JAMKHANDI
State :	Karnataka
City :	JAMKHANDI
Pin Code :	587301

Permanent Address Details

Address Line 1 :	S/O REVANSIDDHA MEHTRE AT/P HULJANTI
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Address Line 2 : **MANGALWEDDA**
State : **Maharashtra**
City : **Mangalwedha**
Pin Code : **430003**

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 : **Taluka Shikshana Prasarak Sahakara Mandal Ayurvedic College sindagi**
Name of the obtained recognized Medical Qualification : **Ayurvedacharya (Bachelor of Ayurvedic Medicine & Surgery)**
Nomenclature of qualification : **B.A.M.S.**
Year of Passing : **2011**

PG Qualification

PG Qualification
PG Degree/PG Diploma : **M.D.**
State from which Addl. Degree obtained : **MAHARASHTRA**
Name of the University : **Bharati Vidyapeeth (Deemed University) Pune**
Institution Name : **Bharati Vidyapeeth (Deemed University) Pune**
Specialization : **Ayurveda Vachaspati - M.D. (Rachana Sharir)**
Year of Passing : **2015**

Current Job Details

Name of the Current Institution : **AGM Ayurvedic Medical College & Hospital, Algur RC Jamkhandi-Bagalkot-587301, Karnataka**
Current Designation : **Assistant Professor/Lecturer**
Current Department : **Rachana Sharir**
From Date : **08/Nov/2022**
Do you want to change Department? : **No**

Registration Details

State Board Registration No : **29664**
State Board Name : **Karnataka Ayurvedic & Unani Practitioner's Board, Bangalore, Karnataka**
HPR Number : **32770536134305**

Previous Experience Details

Date of initial appointment: **08/Nov/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	Rachana Sharir	Assistant Professor/Lecturer	08/Nov/2022	Till Date

Any gap in between your Job experience?:

Yes

S.NO	From Date	To Date	Reason
1	05/Jan/2016	07/Nov/2022	Gap Approved of Row 1

Checklist(Documents to be Verified)

To view document for date of birth. [Click here.](#)

To view 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/Transfer Order [Click here.](#)

To view Joining Letter [Click here.](#)

To view Promotion Order [Click here.](#)

To view Experience Certificates [Click here.](#)

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

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