



National Commission for Indian System of Medicine

Faculty Registration Details

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

Application Type: Fresh Teacher
Assigned TO: TO000053
Assigned Teacher Code : AYKC02610

Faculty Details

Teacher Code Reference No. :	TCRA000041980
Applicant Name :	Dr. Mahesh S Karale
Gender :	Male
Date Of Birth :	08/Jun/1971
Father's Name :	Shamrao Karale
Mother's Name :	Vidya Karale
Teacher Code :	AYKC02610



Institute Details

Institution Id :	AYU0459
Institution Name :	SMT MANJIRA DEVI AYURVEDIC MEDICAL COLLEGE AND HOSPITAL
State :	Uttarakhand

Contact Details

Teacher's Mobile Number :	9757264849
Teacher's Email Id :	kmaheshsip@gmail.com
PAN Number :	AEGPK3454R

Present Address Details

Address Line 1 :	Rukamani Nagar
Address Line 2 :	Hitanu Dhanari
State :	Uttarakhand
City :	Chamoli Gopeshwar
Pin Code :	249151

Permanent Address Details

Address Line 1 :	Anant Niwas Room No. 54
Address Line 2 :	Sane Guruji marg Mumbai Maharashtra
State :	Maharashtra
City :	Mumbai
Pin Code :	400012

Notice Period

Duration Of Notice period (In days) **30**

UG Qualification

System of Medicine : **Ayurveda**
State/UT from where the qualifying degree was obtained : **MAHARASHTRA**
Name of University/Board or medical Institution : **University of Bombay, Bombay**
Name of Institution : **Smt. Kamaladevi Gauridutt Mittal Punarvasu 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 : **1994**

PG Qualification

PG Qualification 1
PG Degree/PG Diploma : **M.D.**
State from which Addl. Degree obtained : **MAHARASHTRA**
Name of the University : **University of Bombay, Bombay**
Institution Name : **Smt. Kamaladevi Gauridutt Mittal Punarvasu Ayurved Mahavidyalaya**
Specialization : **Ayurveda Vachaspati - M.D. (Kayachikitsa)**
Year of Passing : **1998**

Current Job Details

Name of the Current Institution : **SMT MANJIRA DEVI AYURVEDIC MEDICAL COLLEGE AND HOSPITAL**
Current Designation : **Associate Professor/Reader**
Current Department : **Rog Nidan avum Vikriti Vigyan**
From Date : **15/Feb/2018**
Do you want to change Department? : **No**

Registration Details

State Board Registration No : **26393**
State Board Name : **Maharashtra Council of Indian Medicine, Mumbai, Maharashtra**

Previous Experience Details

Date of initial appointment: **02/Jan/2009**

Row No.	State of the Institution	District of the Institution	Name of the Institution	Department(Subject)	Designation	From	To
1	Maharashtra	Satara	Seth Chandanmal Mutha Aryangla Vaidyak Mahavidyalaya	Kayachikitsa	Assistant Professor/Lecturer	02/Jan/2009	31/Jan/2010
2	Madhya Pradesh	Ratlam	Pt. Shivshakti Lal Sharma Ayurved Mahavidyalaya	Kayachikitsa	Assistant Professor/Lecturer	01/Mar/2010	01/Jun/2014
3	Uttarakhand	Others Uttarkashi	SMT MANJIRA DEVI AYURVEDIC MEDICAL COLLEGE AND HOSPITAL	Rog Nidan avum Vikriti Vigyan	Associate Professor/Reader	15/Feb/2018	Till Date

Any gap in between your Job experience?:

Yes

S.NO	From Date	To Date
1	02/Jun/2014	14/Feb/2018

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 Promotion Order [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.](#)