



National Commission for Indian System of Medicine

College T...

You can review the information submitted in this College Teaching Staff Details form below before closing.



Institution Details

Institution Id : **AYU0331**
Institution Name : **Shivalik Sewa Trust, Shivalik Ayurvedic Medical College & Hospital**
Institution Course : **Ayurveda**
Visitation Id : **A05973**

Personal Information

Part Time Department : **Not Applicable**
Salutation : **Dr.**
Teacher First Name : **ROSHNI**
Teacher MiddleName Name : **UDAY**
Teacher SurName Name : **DESHPANDE**
Teacher's Code Number : **AYKC01067**
Nature of present appointment : **Regular**
Date Of Birth : **07/Dec/1988**
Father Name : **SH. UDAY SADASHIV DEHPANDE**
Email ID : **drroshnideshpande@gmail.com**
Mobile Number : **9870226950**
Gender : **Female**
Mother Name : **SUNANDA**
PAN Number : **BABPD1401N**



Roshni Deshpande

Current Address

Address Line 1 : **Campus Shivalik Ayurvedic medical college**
Address Line 2 : **Bijarva Bankat Azamgarh**
State : **Uttar Pradesh**
City : **Azamgarh**
Pincode : **276125**

Permanent Address

Address Line 1 : **102/40, KINJAL CHS LTD, SHANTI NAGAR, SECTOR NO 1**
Address Line 2 : **MIRAROAD EAST**
State : **Maharashtra**
City : **Thane**
Pincode : **401107**

Education Details

UG Qualification

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 : **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 : **2011**

PG Qualification

PG Qualification 1

PG Degree/PG Diploma : **M.D.**

State from which Addl. Degree obtained : **MAHARASHTRA**

Name of the University : **Maharashtra University of Health Sciences, Nashik**

Institution Name : **Ayurvediya Prasarak Mandal's Ayurved Mahavidyalaya**

Specialization : **Ayurveda Vachaspati - M.D. (Kayachikitsa)**

Year of Passing : **2017**

Details of Experience

State of Institution	District of Institution	Name of the college	Department(Subject)	Desig
Uttar Pradesh	Mathura	Shri Anand Niketan Dharmshala Avom Dharmik Trust, Shri Dhanwantri Ayurvedic Medical College & Research Centre	Kayachikitsa	Assistant Prof
Gujarat	Godhra	Jay Jalaram Ayurvedic Medical College	Kayachikitsa	Assistant Prof
Gujarat	Godhra	Jay Jalaram Ayurvedic Medical College	Kayachikitsa	Associate Pro
Uttar Pradesh	Azamgarh	Shivalik Sewa Trust, Shivalik Ayurvedic Medical College & Hospital	Kayachikitsa	Associate Pro

Any gap in between your Job experience?: **Yes**

S.NO	From Date	To Date
1	03/Jul/2024	07/Jul/2024

Current Job Details

Name of state board : **Maharashtra Council of Indian Medicine, Mumbai, Maharashtra**

Department : **Kayachikitsa**

(Subjects)

State Board Registration Number: **I73911A**

Designation : **Associate Professor/Reader**

From Date : **08/Jul/2024**

Bank Account Details

Salary Account Number : **72901650000017**

Name of Bank & Branch : **bank of India Azamgarh**

Uploaded Documents

Please click here. to download UG certificate

Please click here. to download PG certificate

Please click here. to download experience certificates

Please click here. to download certified copy of Form 16 (Part-A & Part-B)/26AS

Please click here. to download registration certificate

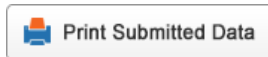
Please click here. to download copy of Appointment order

Please click here. to download certified copy of Salary paid bank Statement of last one Year.

Please click here. to download copy of Promotion Order

Please click here. to download documents related to ESIC

Please click here. to download documents related to PPF



Version 15.02.01