



# 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.

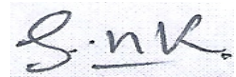


### Institution Details

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 : **Sumit**  
Teacher MiddleName Name : **Nagesh**  
Teacher SurName Name : **Khatkale**  
Teacher's Code Number : **AYPK01192**  
Nature of present appointment : **Regular**  
Date Of Birth : **24/May/1988**  
Father Name : **Nagesh Bhagwan Khatkale**  
Email ID : **sumeetnkhatkale@gmail.com**  
Mobile Number : **9890244080**  
Gender : **Male**  
Mother Name : **Shindhu**  
PAN Number : **EBDPK7213M**



### Current Address

Address Line 1 : **Campus Shivalik Ayurvedic Medical College**  
Address Line 2 : **Vil-Bijarva Po-Bankat**  
State : **Uttar Pradesh**  
City : **Azamgarh**  
Pincode : **276125**

### Permanent Address

Address Line 1 : **Siddhi Vinayak Pathsantha**  
Address Line 2 : **MainRoad Bhiwan Indapur**  
State : **Maharashtra**  
City : **Pune**  
Pincode : **413130**

## 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 : **Yashwant Ayurved Mahavidyalaya, Post Graduate Training and Research Center, Kodoli.**

Name of the obtained recognized Medical Qualification : **Ayurvedacharya (Bachelor of Ayurvedic Medicine & Surgery)**

Nomenclature of qualification : **B.A.M.S.**

Year of Passing : **2010**

## 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 : **Yashwant Ayurved Mahavidyalaya, Post Graduate Training and Research Center, Kodoli.**

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

Year of Passing : **2016**

## Details of Experience

State of Institution	District of Institution	Name of the college	Department(Subject)	Designation	From	To
Uttar Pradesh	Azamgarh	Shivalik Sewa Trust, Shivalik Ayurvedic Medical College & Hospital	Panchakarma	Assistant Professor/Lecturer	01/Dec/2016	31/May/2018
Uttar Pradesh	Azamgarh	Shivalik Sewa Trust, Shivalik Ayurvedic Medical College & Hospital	Panchakarma	Assistant Professor/Lecturer	23/May/2022	31/Mar/2023
Uttar Pradesh	Azamgarh	Shivalik Sewa Trust, Shivalik Ayurvedic Medical College & Hospital	Panchakarma	Assistant Professor/Lecturer	01/Oct/2024	Till Date

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

S.NO	From Date	To Date
1	01/Jun/2018	22/May/2022
2	01/Apr/2023	30/Sep/2024

## Current Job Details

Name of state board : **Board of Ayurvedic and Unani, Tibbi Systems of Medicine, Lucknow,Uttar Pradesh**

Department : **Panchakarma**

(Subjects)

State Board Registration Number: **73956**

Designation : **Assistant Professor/Lecturer**

From Date : **01/Oct/2024**

## Bank Account Details

Salary Account Number : **729010110004790**

Name of Bank & Branch : **Bank of India Azamagarh**

## Uploaded Documents

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**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 documents related to ESIC**

**Please click here. to download documents related to PPF**



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