



National Commission for Indian System of Medicine

Faculty Registration Details

Note: The Commission/Marbism 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: TO000076
Current Owner: Institute
Assigned Teacher Code : AYSK01691

Faculty Details

Teacher Code Reference No. :	TCRA000063686
Applicant Name :	Dr. Ganesh Pramodrao Awari
Gender :	Male
Date Of Birth :	31/Aug/1992
Father's Name :	Pramodrao Madhavrao Awari
Mother's Name :	Sunita
Teacher Code :	AYSK01691



Institute Details

Institution Id :	AYU0356
Institution Name :	Shri Babu Singh Jay Singh Ayurvedic Medical College and Hospital
State :	Uttar Pradesh

Contact Details

Teacher's Mobile Number :	8208141705
Teacher's Email Id :	ganeshawari1992@gmail.com
PAN Number :	AYMPA2138D

Present Address Details

Address Line 1 :	Q. No. 21, New Building, Teachers Resident,
Address Line 2 :	SBSJS Ayurvedic Medical College and Hospital
State :	Uttar Pradesh
City :	Farrukhabad
Pin Code :	209602

Permanent Address Details

Address Line 1 :	Wadgaon, Post-Sakhara Rajapur
State :	Maharashtra
City :	Chandrapur
Pin Code :	442906

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 :	Maharashtra University of Health Sciences, Nashik
Name of Institution :	Bhau Saheb Maulak 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 : **2016**

PG Qualification

PG Qualification

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

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

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

Institution Name : **Hon. Shri Annasaheb Dange Ayurved Medical College**

Specialization : **Ayurveda Dhanvantri - M.S. (Shalakya)**

Year of Passing : **2024**

Current Job Details

Name of the Current Institution : **Shri Babu Singh Jay Singh Ayurvedic Medical College and Hospital**

Current Designation : **Assistant Professor/Lecturer**

Current Department : **Shalakya Tantra**

From Date : **02/Jun/2026**

Do you want to change Department? : **Yes**

Changed Designation : **Assistant Professor/Lecturer**

Registration Details

State Board Registration No : **I-88077-A**

State Board Name : **Maharashtra Council of Indian Medicine, Mumbai, Maharashtra**

HPR Number : **71644078113882**

Previous Experience Details

Date of initial appointment: **02/Jun/2026**

Row No.	State of the Institution	District of the Institution	Name of the Institution	Department(Subject)	Designation	From	To
1	Uttar Pradesh	Farrukhabad	Shri Babu Singh Jay Singh Ayurvedic Medical College and Hospital	Shalakya Tantra	Assistant Professor/Lecturer	02/Jun/2026	Till Date

Any gap in between your Job experience?: **No**

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 Experience Certificates [Click here.](#)
- To view scanned copy of PAN Card. [Click here.](#)
- To view NTET Eligibility certificate/Score card. [Click here.](#)