



# 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.

 Edit Information

 Close

## Institution Details

Institution Id : **AYU0900**  
 Institution Name : **C S Ayurvedic Medical College and Hospital**  
 Institution Course : **Ayurveda**  
 Visitation Id : **A06713**

## Personal Information

Part Time Department : **Yoga**  
 Salutation : **Dr.**  
 Teacher First Name : **ANIRUDHA**  
 Teacher MiddleName Name : **SANTOSH**  
 Teacher SurName Name : **KANOJE**  
 Nature of present appointment : **Part-Time**  
 Date Of Birth : **05/Aug/1983**  
 Father Name : **SANTOSH**  
 Email ID : **ak7876429@gmail.com**  
 Mobile Number : **9579865757**  
 Gender : **Male**  
 Mother Name : **YASHODHA**  
 PAN Number : **BFPPK9428H**



*Anirudha*

## Current Address

Address Line 1 : **Near Mazar**  
 Address Line 2 : **Ring Road**  
 State : **Maharashtra**  
 City : **Gondia**  
 Pincode : **441601**

## Permanent Address

Address Line 1 : **Near Mazar**  
 Address Line 2 : **Ring Road**

State : **Maharashtra**  
City : **Gondia**  
Pincode : **441601**

## Education Details

### UG Qualification

State/UT from where the qualifying degree was obtained : **MAHARASHTRA**  
Name of University/Board or medical Institution : **Others**  
Other University/Board or medical Institution : **Mumbai Hindi University**  
Name of Institution : **Aditya Ayurved College and research center**  
Name of the obtained recognized Medical Qualification : **Others**  
Other obtained recognized Medical Qualification : **B.A.**  
Year of Passing : **2011**

### PG Qualification

#### PG Qualification 1

PG Degree/PG Diploma : **Yoga**  
State from which Addl. Degree obtained : **MAHARASHTRA**  
Name of the University : **Others**  
Other University : **Kavi Kulguru Kalidas Sanskrit Iniversity Ramtek**  
Institution Name : **Aditya Ayurved College and research center**  
Specialization : **Yoga**  
Year of Passing : **2025**

### Additional Qualification

#### Additional Qualification 1

PG Degree/PG Diploma : **PG Diploma**  
State from which Addl. Degree obtained : **MAHARASHTRA**  
Name of the University : **Others**  
Other University : **KKKSU Ramtek**  
Institution Name : **Aditya Ayurved College and research center**  
Specialization : **Diploma in Yoga**  
Year of Passing : **2022**

### Details of Experience

State of Institution	District of Institution	Name of the college	Department(Subject)	Designation	From	To
Maharashtra	Gondiya	C S Ayurvedic Medical College and Hospital	Others	Assistant Professor/Lecturer	09/Aug/2025	Till Date

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

## Current Job Details

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Name of state board :	<b>Not Applicable</b>
Department : (Subjects)	<b>Swasthavritta &amp; Yoga</b>
Yoga Teacher :	<b>Yes</b>
State Board Registration Number:	<b>0</b>
Designation :	<b>Assistant Professor/Lecturer</b>
From Date :	<b>09/Aug/2025</b>

## Bank Account Details

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Salary Account Number :	<b>40493466957</b>
Name of Bank & Branch :	<b>State Bank of India</b>

## 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 relieving order**

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

**Please click here. to download the Additional Degree certificate**

**Please click here. to download registration certificate**

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**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**

