



# 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 : **Not Applicable**  
 Salutation : **Dr.**  
 Teacher First Name : **PRERNA**  
 Teacher MiddleName Name : **PRAKASH**  
 Teacher SurName Name : **ILAMKAR**  
 Teacher's Code Number : **AYSS00488**  
 Nature of present appointment : **Regular**  
 Date Of Birth : **06/Feb/1985**  
 Father Name : **PRAKASH ILAMKAR**  
 Email ID : **prernailamkar85@gmail.com**  
 Mobile Number : **9970856034**  
 Gender : **Female**  
 Mother Name : **Sadhna prakash ilamkar**  
 PAN Number : **AEUPI8927E**



### Current Address

Address Line 1 : **T.B. TOLI VAISHALI COLONY**  
 Address Line 2 : **GONDIA**  
 State : **Maharashtra**  
 City : **Gondia**  
 Pincode : **441601**

### Permanent Address

Address Line 1 : **T.B. TOLI VAISHALI COLONY**

Address Line 2 : **GONDIA**  
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 : **Maharashtra University of Health Sciences, Nashik**  
Name of Institution : **Govt. Ayurved Mahavidyalaya, Nagpur**  
Name of the obtained recognized Medical Qualification : **Ayurvedacharya (Bachelor of Ayurvedic Medicine & Surgery)**  
Nomenclature of qualification : **B.A.M.S.**  
Year of Passing : **2007**

### 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 : **Tilak Ayurved Mahavidyalaya**  
Specialization : **Ayurveda Vachaspati - M.D. (Ayurveda Samhita & Sidhanta)**  
Year of Passing : **2015**

### Details of Experience

State of Institution	District of Institution	Name of the college	Department
Madhya Pradesh	Bhopal	Rani Dullaiya Smriti Ayurved P.G.College & Hospital	Ayurved Samhita
Uttar Pradesh	Kasganj(Manyavar Kanshiram Nagar)	Kalawati Ayurvedic Medical College and Research Centre & Hopital, Gorha	Ayurved Samhita
Uttar Pradesh	Aligarh	JD Ayurvedic Medical College & Hospital	Ayurved Samhita
Uttar Pradesh	Greater Noida	Ishan Ayurved Medical College & Research Centre, Greater Noida	Ayurved Samhita
Madhya Pradesh	Indore	R.N. Kapoor Memorial Ayurvedic Medical College & Hospital, Post Jhalariya Inodre-452010, Madhya Pradesh	Ayurved Samhita
Gujarat	Godhra	Jay Jalaram Ayurvedic Medical College	Ayurved Samhita
Maharashtra	Nagpur	Govind rao Wanjari Ayurvedic College and Research Center	Ayurved Samhita
Maharashtra	Nagpur	Govind rao Wanjari Ayurvedic College and Research Center	Ayurved Samhita
Maharashtra	Gondia	C S Ayurvedic Medical College and Hospital	Ayurved Samhita

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

S.NO	From Date	To Date
1	01/Dec/2016	31/Dec/2016
2	12/Jan/2018	31/Jul/2018
3	16/Nov/2018	31/Dec/2018

## Current Job Details

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

Department : **Ayurved Samhita & Siddhant**

(Subjects)

State Board Registration Number: **I60530A**

Designation : **Associate Professor/Reader**

From Date : **19/Aug/2025**

## Bank Account Details

Salary Account Number : **923010005335926**

Name of Bank & Branch : **Axis Bank**

## 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**

 **Print Submitted Data**