



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 : **Mr.**
 Teacher First Name : **ROOPESH**
 Teacher SurName Name : **NIRMALKAR**
 Teacher's Code Number : **AYSN00336**
 Nature of present appointment : **Regular**
 Date Of Birth : **28/Feb/1991**
 Father Name : **SHIV KUMAR**
 Email ID : **roopeshnirmalkar201@gmail.com**
 Mobile Number : **7898198365**
 Gender : **Male**
 Mother Name : **SANTRIN BAI**
 PAN Number : **APAPN6384B**



Roopesh

Current Address

Address Line 1 : **C/o Rakhi Randive, Ward No.16, Gondwana Nagar**
 Address Line 2 : **Deori**
 State : **Maharashtra**
 City : **Gondia**
 Pincode : **441901**

Permanent Address

Address Line 1 : **C/o Rakhi Randive, Ward No.16, Gondwana Nagar**
 Address Line 2 : **Deori**

State : **Maharashtra**
City : **Gondia**
Pincode : **441901**

Education Details

UG Qualification

State/UT from where the qualifying degree was obtained : **CHHATTISGARH**
Name of University/Board or medical Institution : **Others**
Other University/Board or medical Institution : **PT.RAVISHANKAR SHUKLA UNIVERSITY,RAIPUR**
Name of Institution : **Pt. Ravi Shankar Shukla University, Raipur**
Name of the obtained recognized Medical Qualification : **Others**
Other obtained recognized Medical Qualification : **BACHELOR OF ARTS**
Year of Passing : **2012**

PG Qualification

PG Qualification 1

PG Degree/PG Diploma : **Others**
State from which Addl. Degree obtained : **CHHATTISGARH**
Name of the University : **Pt. Ravi Shankar Shukla University, Raipur**
Other University : **PT.RAVISHANKAR SHUKLA UNIVERSITY,RAIPUR**
Institution Name : **Pt. Ravi Shankar Shukla University, Raipur**
Specialization : **M.A. (Sanskrit)**
Other Specialization : **M.A.SANSKRIT**
Year of Passing : **2014**

Details of Experience

State of Institution	District of Institution	Name of the college	Department(Subject)	Designation	From	To
Chhattisgarh	Rajnandgaon	Mahaveer College Of Ayurvedic Science, Rajnandgaon	Ayurved Samhita & Siddhant	Assistant Professor/Lecturer	23/Jan/2017	30/Jan/2019
Chhattisgarh	Rajnandgaon	Mahaveer College Of Ayurvedic Science, Rajnandgaon	Ayurved Samhita & Siddhant	Assistant Professor/Lecturer	31/Jan/2019	03/Aug/2023
Maharashtra	Gondia	C S Ayurvedic Medical College and Hospital	Ayurved Samhita & Siddhant	Assistant Professor/Lecturer	09/Aug/2025	Till Date

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

S.NO	From Date	To Date
1	04/Aug/2023	08/Aug/2025

Current Job Details

Name of state board : **Not Applicable**
Department : **Ayurved Samhita & Siddhant**
(Subjects)

Language Teacher :

Sanskrit Teacher

State Board Registration Number:

NOT APPLICABLE

Designation :

Assistant Professor/Lecturer

From Date :

09/Aug/2025

Bank Account Details

Salary Account Number :

36543742176

Name of Bank & Branch :

State Bank of India

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 documents related to ESIC

Please click here. to download documents related to PPF

