



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 : **SHUBHANGI**
 Teacher MiddleName Name : **ANIRUDHA**
 Teacher SurName Name : **MESHAM**
 Teacher's Code Number : **AYSS02259**
 Nature of present appointment : **Regular**
 Date Of Birth : **12/Aug/1995**
 Father Name : **ANIRUDHA**
 Email ID : **shubhangidgo12@gmail.com**
 Mobile Number : **9284720626**
 Gender : **Female**
 Mother Name : **SUNITA**
 PAN Number : **FVGPM3163L**



Meshran

Current Address

Address Line 1 : **Opp. Sai Mandir, Galli No.4, Joglekar Ward**
 Address Line 2 : **Govindpur**
 State : **Maharashtra**
 City : **Gondia**
 Pincode : **441601**

Permanent Address

Address Line 1 : **Opp. Sai Mandir, Galli No.4, Joglekar Ward**

Address Line 2 : **Govindpur**
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 : **Mahadeorao Shivankar Ayurvedic Medical College, Hospital & Research Institute, Gondia MS**
Name of the obtained recognized Medical Qualification : **Ayurvedacharya (Bachelor of Ayurvedic Medicine & Surgery)**
Nomenclature of qualification : **B.A.M.S.**
Year of Passing : **2018**

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 : **Maharashtra Arogya Mandals Sumatibhai Shah Ayurved Mahavidyalaya**
Specialization : **Ayurveda Vachaspati - M.D. (Ayurveda Samhita & Sidhanta)**
Year of Passing : **2024**

Details of Experience

State of Institution	District of Institution	Name of the college	Department(Subject)	Designation	From	To
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?: **No**

Current Job Details

Name of state board : **Maharashtra Council of Indian Medicine, Mumbai, Maharashtra**
Department : **Ayurved Samhita & Siddhant**
(Subjects)
State Board Registration Number: **I-92543-A**
Designation : **Assistant Professor/Lecturer**
From Date : **09/Aug/2025**

Bank Account Details

Salary Account Number : **42473216099**
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

