



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 : **Biostatistician**
 Salutation : **Mr.**
 Teacher First Name : **KARTIK**
 Teacher MiddleName Name : **RAMESHRAO**
 Teacher SurName Name : **KOKAWAR**
 Nature of present appointment : **Part-Time**
 Date Of Birth : **13/Aug/1981**
 Father Name : **RAMESHRAO**
 Email ID : **kartikkok81@gmail.com**
 Mobile Number : **9168113601**
 Gender : **Male**
 Mother Name : **KUNDA**
 PAN Number : **BEQPK2513D**



K. P. Kokawar

Current Address

Address Line 1 : **Deori Amgaon Road, Deori**
 State : **Maharashtra**
 City : **Gondia**
 Pincode : **441909**

Permanent Address

Address Line 1 : **Deori Amgaon Road, Deori**
 State : **Maharashtra**
 City : **Gondia**

Pincode :

441909

Education Details

UG Qualification

State/UT from where the qualifying degree was obtained : **MAHARASHTRA**
Name of University/Board or medical Institution : **Nagpur University, Nagpur**
Name of Institution : **Nagpur University, Nagpur**
Name of the obtained recognized Medical Qualification : **Others**
Other obtained recognized Medical Qualification : **B.Sc.**
Year of Passing : **2002**

PG Qualification

PG Qualification 1

PG Degree/PG Diploma : **Biostatistician**
State from which Addl. Degree obtained : **MAHARASHTRA**
Name of the University : **Others**
Other University : **YCMOU**
Institution Name : **Yaswantrao Chavan Ayurvedic Medical College and Hospital**
Specialization : **Biostatistician**
Year of Passing : **2020**

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	Others	Assistant Professor/Lecturer	24/Jan/2026	Till Date

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

Current Job Details

Name of state board : **Not Applicable**
Department : **Biostatistician**
(Subjects)
State Board Registration Number: **0**
Designation : **Assistant Professor/Lecturer**
From Date : **24/Jan/2026**

Bank Account Details

Salary Account Number : **921318210007293**
Name of Bank & Branch : **Bank of India**

Uploaded Documents

Please click here. to download UG certificate

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Please click here. to download experience certificates

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