



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.



Institution Details

Institution Id : **AYU0172**
Institution Name : **Shri Ayurved Mahavidyalaya**
Institution Course : **Ayurveda**
Visitation Id : **A06019**

Personal Information

Part Time Department : **Biostatistician**
Salutation : **Mr.**
Teacher First Name : **ATHARVA**
Teacher MiddleName Name : **CHANDRAHAS**
Teacher SurName Name : **UBALE**
Nature of present appointment : **Regular**
Date Of Birth : **30/Jun/2001**
Father Name : **Chandrahas**
Email ID : **ubaleatharva@gmail.com**
Mobile Number : **8390868693**
Gender : **Male**
Mother Name : **Shruti**
PAN Number : **AJUPU2657G**



Current Address

Address Line 1 : **275, Flat No. 5, Anant Kamal Apartment,**
Address Line 2 : **Laxmi Nagar**
State : **Maharashtra**
City : **Nagpur**
Pincode : **440022**

Permanent Address

Address Line 1 : **275, Flat No. 5, Anant Kamal Apartment**
Address Line 2 : **Laxmi Nagar**
State : **Maharashtra**
City : **Nagpur**
Pincode : **440022**

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.- Faculty of Science and Technology**

Year of Passing : **2020**

PG Qualification

PG Qualification 1

PG Degree/PG Diploma : **Biostatistician**

State from which Adl. Degree obtained : **MAHARASHTRA**

Name of the University : **Nagpur University, Nagpur**

Institution Name : **Nagpur University, Nagpur**

Specialization : **Biostatistician**

Year of Passing : **2024**

Details of Experience

State of Institution	District of Institution	Name of the college	Department(Subject)	Designation	From	To
Maharashtra	Nagpur	Shri Ayurved Mahavidyalaya	Others	Assistant Professor/Lecturer	01/Feb/2025	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: **ISCM22S02**

Designation : **Assistant Professor/Lecturer**

From Date : **01/Feb/2025**

Bank Account Details

Salary Account Number : **1111111111**

Name of Bank & Branch : **Union 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 relieving order**
- 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 Joining report**
- 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.

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