



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 : **AYU0052**
 Institution Name : **KLE University Shri.BM Kankanawadi Ayurveda Mahavidyalaya Post Graduate Studies and Research Centre Belgaum**
 Institution Course : **Ayurveda**
 Visitation Id : **A06474**

Personal Information

Part Time Department : **Not Applicable**
 Salutation : **Dr.**
 Teacher First Name : **SOUNDARYA**
 Teacher MiddleName Name : **RAYAPPA**
 Teacher SurName Name : **JIDDIMANI**
 Teacher's Code Number : **AYDG01963**
 Nature of present appointment : **Regular**
 Date Of Birth : **26/Dec/1992**
 Father Name : **RAYAPPA**
 Email ID : **soundaryagrj56@gmail.com**
 Mobile Number : **9845285276**
 Gender : **Female**
 Mother Name : **GIRIJA**
 PAN Number : **BETPJ6871A**



Current Address

Address Line 1 : **390/2 Vitthal Galli, LBS Nagar**
 Address Line 2 : **B K Kangrali**
 State : **Karnataka**
 City : **Belagavi(Belgaum)**
 Pincode : **590010**

Permanent Address

Address Line 1 : **390/2 Vitthal Galli, LBS Nagar**
 Address Line 2 : **B K Kangrali**
 State : **Karnataka**
 City : **Belagavi(Belgaum)**
 Pincode : **590010**

Education Details

UG Qualification

State/UT from where the qualifying degree was obtained : **KARNATAKA**
 Name of University/Board or medical Institution : **KLE University, Belgaum - KLE Shri B.M. Kankanawadi Ayurveda Mahavidyalaya, Belgaum**
 Name of Institution : **KLE University Shri.BM Kankanawadi Ayurveda Mahavidyalaya Post Graduate Studies and Research Centre Belgaum**
 Name of the obtained recognized Medical Qualification : **Ayurvedacharya (Bachelor of Ayurvedic Medicine & Surgery)**
 Nomenclature of qualification : **B.A.M.S.**
 Year of Passing : **2015**

PG Qualification

PG Qualification 1

PG Degree/PG Diploma : **M.D.**
 State from which Addl. Degree obtained : **KARNATAKA**
 Name of the University : **Rajiv Gandhi University of Health Sciences, Bangalore**
 Institution Name : **Govt. Ayurvedic Medical College, Bengaluru**
 Specialization : **Ayurveda Vachaspati - M.D. (Dravya Guna Vigyana)**
 Year of Passing : **2020**

Details of Experience

State of Institution	District of Institution	Name of the college	Department(Subject)	De
Karnataka	Belagavi(Belgaum)	KLE University Shri.BM Kankanawadi Ayurveda Mahavidyalaya Post Graduate Studies and Research Centre Belgaum	Dravyaguna Vigyana	Assistant F

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

Current Job Details

Name of state board : **Karnataka Ayurvedic & Unani Practitioner's Board, Bangalore, Karnataka**
 Department : **Dravyaguna Vigyana**
 (Subjects)
 State Board Registration Number: **34351**
 Designation : **Assistant Professor/Lecturer**

From Date :

24/Aug/2023**Bank Account Details**

Salary Account Number : **004002300002802**Name of Bank & Branch : **BZRCMS, Belagavi****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](#)**

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