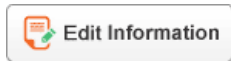




# National Commission for Indian System of Medicine

## 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 : **A06945**

### Personal Information

Part Time Department : **Not Applicable**  
 Salutation : **Dr.**  
 Teacher First Name : **KAVITA**  
 Teacher MiddleName Name : **BALAGOUDA**  
 Teacher SurName Name : **SUTAGATTI**  
 Teacher's Code Number : **AYPK00864**  
 Nature of present appointment : **Regular**  
 Date Of Birth : **22/Jun/1991**  
 Father Name : **BALAGOUDA**  
 Email ID : **sutagattikavita@gmail.com**  
 Mobile Number : **8971028891**  
 Gender : **Female**  
 Mother Name : **MAHANANDA**  
 PAN Number : **hhhps8650b**



*Dr. Kavita B. Sutagatti*

### Current Address

Address Line 1 : **H.No. 1388, A/P HUDALI**  
 Address Line 2 : **TALUKA BELAGAVI**  
 State : **Karnataka**  
 City : **Belagavi(Belgaum)**  
 Pincode : **590016**

### Permanent Address

Address Line 1 : **H.No. 1388, A/P HUDALI**  
 Address Line 2 : **TALUKA BELAGAVI**  
 State : **Karnataka**  
 City : **Belagavi(Belgaum)**  
 Pincode : **590016**

## Education Details

### UG Qualification

State/UT from where the qualifying degree was obtained : **KARNATAKA**  
 Name of University/Board or medical Institution : **Others**  
 Other University/Board or medical Institution : **KLE UNIVERSITY, BELAGAVI**  
 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 : **2014**

### 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. (Panchkarma)**  
 Year of Passing : **2019**

### Details of Experience

Name of the college	Department(Subject)	Designation	From	To
Shri.BM Kankanawadi Ayurveda Mahavidyalaya Post Graduate Studies and Research Centre Belgaum	Panchakarma	Assistant Professor/Lecturer	01/Feb/2020	15/Apr/2026
Shri.BM Kankanawadi Ayurveda Mahavidyalaya Post Graduate Studies and Research Centre Belgaum	Panchakarma	Associate Professor/Reader	16/Apr/2026	Till Date

e?: **No**

### Current Job Details

Name of state board : **Karnataka Ayurvedic & Unani Practitioner's Board,  
 Bangalore, Karnataka**  
 Department : **Panchakarma**  
 (Subjects)  
 State Board Registration Number: **32843**

Designation : **Associate Professor/Reader**

From Date : **16/Apr/2026**

### Bank Account Details

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Salary Account Number : **004002300000652**

Name of Bank & Branch : **BZRCMS BELAGAVI**

### Uploaded Documents

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**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**

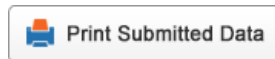
**Please click here. to download copy of Appointment order**

**Please click here. to download certified copy of Salary paid bank Statement of last one Year.**

**Please click here. to download copy of Promotion Order**

**Please click here. to download documents related to ESIC**

**Please click here. to download documents related to PPF**



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