



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 : **Patil**
 Teacher MiddleName Name : **Smita**
 Teacher SurName Name : **Irappa**
 Teacher's Code Number : **AYKS00950**
 Nature of present appointment : **Regular**
 Date Of Birth : **27/Aug/1993**
 Father Name : **Irappa**
 Email ID : **patilsmita618@gmail.com**
 Mobile Number : **9880173615**
 Gender : **Female**
 Mother Name : **Sunanda**
 PAN Number : **DBGPP0229G**



Patil

Current Address

Address Line 1 : **18 Saraswat Nilaya 3rd floor Mrityunjay Nagar,**
 Address Line 2 : **Bside Durga Swimming Pool Talkwadi**
 State : **Karnataka**
 City : **Belagavi(Belgaum)**
 Pincode : **590006**

Permanent Address

Address Line 1 : **Sangameshwara Nilaya, Plot No 102**
 Address Line 2 : **Parekh Nagar, Ashram Road, Vijayapur**
 State : **Karnataka**
 City : **Vijayapura(Bijapur)**
 Pincode : **586103**

Education Details

UG Qualification

State/UT from where the qualifying degree was obtained : **KARNATAKA**
 Name of University/Board or medical Institution : **Rajiv Gandhi University of Health Sciences, Bangalore**
 Name of Institution : **Bhagvan Mahavir Jain Ayurved College,PG centre**
 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 : **Shri Jagadguru Gavisiddeshwar Sansthan, Ayurvedic Medical College, PG Studies**
 Specialization : **Ayurveda Vachaspati - M.D. (Kriya Sharir)**
 Year of Passing : **2021**

Details of Experience

Name of the college	Department(Subject)	Designation	From	To
H.K.D.E.T s Rajarajeshwari Ayurvedic Medical College & Hospital, Bidar	Kriya Sharir	Assistant Professor/Lecturer	21/Dec/2021	23/Dec/2025
Shri.BM Kankanawadi Ayurveda Mahavidyalaya Post Graduate Studies and Research Centre Belgaum	Kriya Sharir	Assistant Professor/Lecturer	24/Dec/2025	Till Date

?: **No**

Current Job Details

Name of state board : **Karnataka Ayurvedic & Unani Practitioner's Board, Bangalore, Karnataka**
 Department : **Kriya Sharir**
 (Subjects)
 State Board Registration Number: **36774**
 Designation : **Assistant Professor/Lecturer**

From Date :

24/Dec/2025**Bank Account Details**

Salary Account Number : **004002300003490**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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