FACULTY PROFILE



| Sl. | Particulars | |
|-----|----------------|------------------------|
| No. | | |
| 01 | Name of the | Dr Praveenkumar Toravi |
| | Faculty | |
| 02 | Contact | 8050161964 |
| | Number | |
| | (Registered | |
| | with NCISM | |
| | OTMS) | |
| 03 | Email | drpraveen964@gmail.com |
| 04 | Department | SWASTHAVRITTA |
| 05 | Designation | ASSISTANT PROFESSOR |
| 06 | NCISM | AYSV00485 |
| | Teachers Code | |
| 07 | Qualification | MD (SWASTHAVRITTA) |
| 08 | Area of | AYURVEDA |
| | specialization | |
| 09 | Professional | UG:6 YEARS |
| | Experience | PG: |
| | | Ph.D: |
| 10 | Publications | |
| | A) Books | |
| | B) Article | |
| | s/ | |
| | Papers | |
| 11 | Seminars / | |
| | Workshops | |
| 12 | CME / ROTP | |
| | Participation | |
| 13 | Guest Lectures | |
| | / Keynotes | |
| 14 | Awards / | |
| | Citations | |
| 15 | Community | |
| | Work | |
| 16 | Miscellaneous | |