

# E-signed Declaration Health Care Professional

## Personal Details:

Name: Virendra Suryakant Mahajan  
HPR-ID: 31-3170-2660-6542  
Professional Type: Doctor  
Sub Category: Ayurveda  
Mobile No: 9822084563  
Email-Id: drvsmahajan@gmail.com  
Salutation: Dr.  
First Name: Virendra  
Middle Name: Suryakant  
Last Name: Mahajan  
Nationality: India  
Languages Spoken: English , Hindi , Marathi ,

## Communication Address:

Name: Virendra Suryakant Mahajan  
Address: C/O Suryakant Mahajan Plot No.110 Flat No.203 Prabha Suman  
Apartment Chota Tajbag Road Opposite Hanuman Mandir  
Sakkardara Hanuman Nagar  
Country: India  
State: MAHARASHTRA  
District: NAGPUR  
City/Town/Village:  
Postal code: 440009  
Have you shared your Phone no for public: No  
Have you shared your Email-Id for public: No

## Registration Details:

Registered with Council: Maharashtra Council of Indian Medicine  
Registered Number: 28775  
Registration Date (if Available): 1996-06-03  
Registration: Permanent  
Due Date Of Renewal:

### Qualification Details:

Name of Degree or Diploma: BAMS - Bachelor of Ayurvedic Medicine and Surgery  
Country Name: India  
State Name: MAHARASHTRA  
College Name: Government Ayurvedic College, Nagpur  
University Name: Nagpur University Nagpur  
Name of Degree or Diploma: MD Ayurveda (Ayurveda Vachaspati)  
Country Name: India  
State Name: MAHARASHTRA  
College Name: Shri Ayurved Mahavidyalaya, Nagpur  
University Name: Nagpur University Nagpur

### Speciality Details:

### Work Details:

Currently Working: Yes  
Nature of Work: Teaching  
Working With: Private Practice only

### Facility Details:

Facility ID	Facility Status	Name	Address	State	District	Type	Department	Designation	Status
		GOVINDRA O WANJARI AYURVEDIC HOSPITAL amp; RESEARCH CENTER	Salai-Godhni, Near Chikna Village, Hudkeshwar Road, Dist.- Nagpur	MAHAR ASHTRA	NAGPU R	AYURVE DIC HOSPIT AL AND COLLEG E		PRINCIP AL/SUP ERINTE NDENT	Declared

### Declaration

I hereby declare that I am voluntarily sharing above mentioned particulars and information. I certify that the above information furnished by me is true, complete, and correct to the best of my knowledge. I understand that in the event of my information being found false or incorrect at any stage.

Name:

Virendra Suryakant Mahajan

Healthcare Professional ID Number:

31-3170-2660-6542

Digital Signature: