

1. I, Dr. Radha Saodekar

S/o, D/o, W/o Dr. Hrishikesh Saodekar

2. Date of Birth (DD/MM/YYYY):

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3. Residential Address of Faculty:

(a) Present 4th Floor, Suyash Hospital, Congress Nagar Road, Amravati. 444606

(b) Permanent 4th Floor, Suyash Hospital, Congress Nagar Road, Amravati. 444606

4. Contact Details: Mobile No : 9422190888 Resi. Tel. No. with STD Code 0721-2676252

Email:- saodekar@yahoo.com

*5. Any one documents from 5a and 5b is mandatory:-

5a.	Proof of Photo ID	Document No.	5b.	Proof of Residence	Document No.
1.	Passport		1.	Passport	
2.	Voter ID Card		2.	Aadhaar Card	242434694648
3.	Driving License		3.	Voter ID Card	
4.	Aadhaar Card	242434694648	4.	Bill – Electricity / Landline Phone	366473059988
			5.	Regd.Rent Agreement	

Note: - Original Documents are mandatory for verification. All Documents/Certified Translations, must be in English.

*6. Pan Card No. AMYPS1245B Certified copy to be enclosed.

*7. Aadhaar Card No. 242434694648 Certified copy to be enclosed.

*8. Qualifications:

Degree	Name of the Institution	University	Year & Month of Passing	Speciality	Name of the State Dental Council	*Registration No. of UG & PG with date of Renewal
M.B.B.S.	LTMMC (SION)	MUMBAI	OCT-1999	M.B.B.S.	MMC	8998, 13/02/2017
M.D.	LTMMC (SION)	MUMBAI	JUL-2003	ANAESTHESIA	MMC	8998, 13/02/2017
Any Other						

*Enclosed certified copy of the State Council Registration renewed till date.

9. Present Designation: Reader in Anaesthesia

10. Name and Postal Address of College/Institution: VYWS DENTAL COLLEGE, WADALI, JAIL ROAD, AMRAVATI.

*11. Present Institute Appointment Order No. DCA/ESTT/471/2008 Date 28/08/2008

*12. Before joining present institution I was working at PDMMC, AMRAVATI

as Lecturer and relieved on 31/08/08 after Resigning

(i) Appointment Order No. _____ & Date _____ of the previous appointment:

(ii) Relieving Order No. PDMMD/EST/4793/2008 & Date 19/11/2008

13. TEACHING EXPERIENCE

Position	Name of Institution	From	To	Total Experience
Tutor	LTMMC (MUMBAI)	2001	2003	2 YRS
Lecturer/Asst. Professor	PDMMC,AMRAVATI	2003	2008	5 YRS
Reader/Associate Professor	VYWS DENTAL COLLEGE AMRAVATI	1/09/2008	TILL DATE	13 YRS & 3 MONTHS
Professor				
Dean/Principal				

* Less than one year teaching experience will not be considered. * Use separate box for each Institution.

DETAILS OF PUBLICATIONS:

S.No.	Title of the Articles	Journal Details	Points
1.	Antimicrobial susceptibility pattern	International Journal of research of medical sciences	04
2	Effect of 2% lignocaine with & without magnesium sulfate for inferior alveolar block in symptomatic mandibular molars	International Journal of Medical Anaesthesiology	

DECLARATION

1. I, Dr. **Radha Saodaekar** do hereby give an undertaking that I am working as a full time salaried employee **(as per UGC Norms)** designated as **Reader** in the Department of **Anaesthesia** at **VYWS DENTAL COLLEGE AMRAVATI** (name of the college) on all working days, working Hours from **9 AM to 3.05 PM**
2. I am working as a Full Time faculty.
(*As per Rule 16 of DCI, Master of Dental Surgery Course Regulations, 2017)
3. I have not presented myself to any other Institution as a faculty in the current academic year for the purpose of DCI Inspection.
4. I am not having private practice anywhere
5. I, hereby, declare that the above information and documents provided by me are absolutely true, correct and authentic to the best of my knowledge. In the event of any statement made in this declaration is found to be incorrect or false I fully understand that I am liable for any necessary disciplinary/legal action.