

1. I, **Dr. JULI B. GAWANDE**

D/o **Prof. Dr. Balasaheb R. Gawande**

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

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3. Residential Address of Faculty:

(a) Present: **Flat no: 201, Hill View Residency, old bypass road, new congress nagar, Amravati Maharashtra 444606**

(b) Permanent: **Flat no: 201, Hill View Residency, old bypass road, new congress nagar, Amravati Maharashtra 444606**

4. Contact Details: **Mobile No: 8208166194, 7720968233** Resi. Tel. No. with STD Code

Email: juli.gawande92@gmail.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	XXXXXX8904	2.	Aadhaar Card	XXXXXXXX8342
3.	Driving License		3.	Voter ID Card	
4.	Aadhaar Card	XXXXXXXX8342	4.	Bill – Electricity / Landline Phone	
			5.	Regd.Rent Agreement	

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

*6. Pan Card No.: **XXXXXX863A** Certified copy to be enclosed.

*7. Aadhaar Card No.: **XXXXXXXX8342** Certified copy to be enclosed.

*8. Qualifications:

Degree	Name of the Institution	University	Year & Month of Passing	Specialty	Name of the State Dental Council	*Registration No. of UG & PG with date of Renewal
B.D.S.	V.Y.W.S Dental college and hospital, Amravati	MUHS, NASHIK	AUGUST 2014	BDS	MAHARASHTRA STATE DENTAL COUNCIL	A-31252 Renewal date: 07-10-2021
M.D.S.	JMF's A.C.P.M. Dental college and hospital, Dhule	MUHS, NASHIK	OCTOBER 2020	CONSERVATIVE DENTISTRY & ENDODONTICS	MAHARASHTRA STATE DENTAL COUNCIL	A-31252 Renewal date: 07-10-2021
Any Other						

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

9. Present Designation: **Lecturer**

10. Name and Postal Address of College/Institution: **VYWS DENTAL COLLEGE & HOSPITAL, Tapovan – Wadali Road, Camp, Amravati 444602.**

*11. Present Institute Appointment Order No.: **DCA/Estt/1001/2021**

Date : **01/03/2021**

*12. Before joining present institution I was working at N.A as N.A and relieved on N.A after Resigning/Retiring.

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

(ii) Relieving Order No. N.A & Date N.A

13. TEACHING EXPERIENCE

Position	Name of Institution	From	To	Total Experience
Tutor				
Lecturer/Asst. Professor	VYWS DENTAL COLLEGE & HOSPITAL, Tapovan – Wadali Road, Camp, Amravati 444602	01/03/2021	01.12.2021	09 months
Reader/Associate Professor				
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.	Electromagnetic interference of communication devices on apex locators- An in vitro study	Journal of applied dental and medical sciences	15 points
2.	Comparative evaluation of effect of three chelating agents on smear layer of root canals of extracted human teeth- An in vitro study	Journal of applied dental and medical sciences	15 points

DECLARATION

1. I, Dr. Juli B.Gawande do hereby give an undertaking that I am working as a full time salaried employee (as per UGC Norms) designated as Lecturer in the Department of Conservative Dentistry & Endodontics at VYWS Dental College & Hospital, Amravati. (name of the college) on all working days, working Hours from 9.00AM to 03.05 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 **OR** I am practicing at N.A in the city of N.A and my days and hours of practice are N.A
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.