

1. I, **Dr. Gayatri Deshmukh**
S/o, D/o **Subhash Deshmukh**

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

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 0 | 5 | 0 | 5 | 1 | 9 | 9 | 2 |
|---|---|---|---|---|---|---|---|

3. Residential Address of Faculty:

(a) Present.. **Jijai Bungalow 317/4 zilla parishad road camp amravati, 444602.**

(b) Permanent .. **Jijai Bungalow 317/4 zilla parishad road camp amravati, 444602.**

4. Contact Details: Mobile No. **9766656781** Resi. Tel. No. with STD Code _____ - _____

Email:- **deshmukhgsd@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 | | 2. | Aadhaar Card | XXXXXXXX6255 |
| 3. | Driving License | | 3. | Voter ID Card | |
| 4. | Aadhaar Card | XXXXXXXX6255 | 4. | Bill – Electricity / Landline Phone | 000001296081378 |
| | | | 5. | Regd.Rent Agreement | |

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

*6. Pan Card No. **XXXXXX015F** Certified copy to be enclosed.

*7. Aadhaar Card No. **XXXXXXXX 6255** 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 |
|-----------|---|------------------------|-------------------------|---|----------------------------------|---|
| B.D.S. | VYWS Dental College & Hospital, Amravati | MUHS university | 2017 | | MSDC, Mumbai | A-36504 Renewal Dt. 26.03.2021 |
| M.D.S. | VYWS Dental College & Hospital, Amravati | MUHS university | October 2021 | Conservative Dentistry and Endodontics | MSDC, Mumbai | |
| 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, Amravati. 444 602**

*11. Present Institute Appointment Order No. **DCA/Estt/ 609/ 2021** Date:- **07/10/2021**

*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 | | | | N/A |
| Lecturer/Asst. Professor | VYWS Dental college and Hospital, Amravati | 07.10.2021 | Till date | 01 months, 21 days |
| 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. | Comparative evaluation of water sorption and solubility of different restorative cements: an invitro study. | International journal of scientific research | 15 |
| 2. | A survey on antibiotics prescribed during endodontic treatment among general dentist and specialist. | International journal of scientific research | 7.5 |
| 3. | Space closure perspective whether to be done orthodontically or restoration or prosthetic? | Orthodontic practice | 7.5 |
| 4. | Covid 19 and its effect on dentistry. | Journal of advances in medicine and medical research | 7.5 |
| 5. | Diastema closure through Z- plasty and ceramic veneers: a case report. | Endodontic practice | 7.5 |

DECLARATION

1. I, **Dr. Gayatri S. Deshmukh** 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 and Endodontics** at **VYWS Dental College and Hospital, Amravati** (name of the college) on all working days, working Hours from **9 am to 3pm.**

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.