

1. I, **Dr.Rupali Chordia**

W/o **Dr. Rohit Chordia**

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

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 1 | 7 | 0 | 3 | 1 | 9 | 7 | 6 |
|---|---|---|---|---|---|---|---|

3. Residential Address of Faculty:

(a) Present : **Mahaveer Hospital, Shrikrishna Peth.Duffrin road.Amravati-444601**

(b) Permanent : **Mahaveer Hospital, Shrikrishna Peth.Duffrin road.Amravati-444601**

4. Contact Details: Mobile No. : **9850095906**

Resi. Tel. No. with STD Code : **0721-2660565**

Email : rupali.chordia3@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 | 650431119360 |
| 3. | Driving License | MH27/00/7084 | 3. | Voter ID Card | |
| 4. | Aadhaar Card | 650431119360 | 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. : **AFNPC4425K** Certified copy to be enclosed.

*7. Aadhaar Card No. : 650431119360_ 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. | | | | | | |
| M.D.S. | | | | | | |
| M.B.B.S M.D | PDMC | Amravati | 2017 July | Pathology | Maharashtra Medical council | 2000/02/0887 |

*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 and Hospital, Amravati.**

Tapovan ,Wadali Road, Amravati

*11. Present Institute Appointment Order No. **Est/1315/2019** _Date : **22 / 01/ 2019**

*12. Before joining present institution I was working at **Not Applicable (fresh appointment at this Institution).**

as _ and relieved on _ after Resigning/Retiring.

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

(ii) Relieving Order No. & Date _ .

13. TEACHING EXPERIENCE

| Position | Name of Institution | From | To | Total Experience |
|----------------------------|---|------------|-----------|-----------------------|
| Tutor | | | | |
| Lecturer/Asst. Professor | VYWS DENTAL COLLEGE & HOSPITAL AMRAVATI | 22.01.2019 | Till date | 2 Yrs. 10 Mths 9 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. | Pathological study of diagnostic utility of VEGF in various breast lesions | Medpulse International journal of pathology. September 2021 : 19(3): 84-87 | |
| 2 | Study of cytomorphological spectrum of enlarged lymph nodes at a tertiary health centre | Medpulse International journal of pathology. October 2021 : 20 (1): 23 -26 | |

DECLARATION

1. I, **Dr. Rupali.R .Chordia** 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 Pathology & Microbiology** at **VYWS Dental College And Hospital Amravati** (name of the college) on all working days, working Hours from **9 am to 3 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 practicing at **Mahaveer Pathology Lab** in the city of **Amravati** and my days and hours of practice are **after 3pm..**
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.