

1. I, **Dr. Surekha Vijay Ajmire**

S/o, D/o, W/o **Dr Vijay Ajmire**

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

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3. Residential Address of Faculty:

(a) Present. : **Dr Surekha V Ajmire, Jogalekar plot, rukhmini nagar Amravati**

(b) Permanent: **Dr Surekha V Ajmire, Jogalekar plot, rukhmini nagar Amravati**

4. Contact Details: Mobile No.: **9822430097**

Email: [surekha.ajmire@gmail.com](mailto:surekha.ajmire@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	<b>951305550774</b>
3.	Driving License		3.	Voter ID Card	
4.	Aadhaar Card	<b>951305550774</b>	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. **AATPA2436P** Certified copy to be enclosed.

\*7. Aadhaar Card No. **951305550774** 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.	<b>GOVERNMENT DENTAL COLLEGE AND HOSP. NAGPUR</b>	<b>NAGPUR UNIVERSITY</b>	<b>1987</b>		<b>MSDC</b>	<b>A-3897 23.02.2021</b>
M.D.S.						
Any Other						

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

9. Present Designation: **Lecturer / Tutor**

10. Name and Postal Address of College/Institution: **VYWS DENTAL COLLEGE AND HOSPITAL - WADALI ROAD,**

**CAMP, AMRAVATI, MAHARASHTRA 444 602**

\*11. Present Institute Appointment Order No. **459/BDS/90** Date: **16/08/1990**

\*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 HOSP. AMT.	21.08.1990	TILL DATE	31 years, 03 months, 10days
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.	List attached		12.5

Note: Submit certified clear Photocopies of all the documents mentioned in Serial No. 5, 6, 7, 8, 11, 12, 14 & 15 alongwith the Affidavit, Serial

## DECLARATION

1. I, Dr. **SUREKHA VIJAY AJMIRE** do hereby give an undertaking that I am working as a full time salaried employee (as per **UGC Norms**) designated as **Lecturer / Tutor** in the **Department of ORAL AND MAXILLOFACIAL SURGERY** at **VYWS DENTAL COLLEGE AND HOSPITAL, AMT** (name of the college) on all working days, working Hours from **9.00 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.