

1. I, **Dr Pooja Deepak Dhole**  
S/o, D/o, W/o **Dr Deepak Narayanrao Dhole**

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

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3. Residential Address of Faculty:

(a) Present **Sonabai Hospital opposite State Bank of India, Warud Road Morshi. Dist: Amravati**  
(b) Permanent . **Sonabai Hospital opposite State Bank of India, Warud Road Morshi. Dist: Amravati**

4. Contact Details: Mobile No. : **7709708279** Resi. Tel. No. with STD Code – **07228- 222325**  
Email : **poojadhole93@gmail.com**

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

5 a.	Proof of Photo ID	Document No.	5 b.	Proof of Residence	Document No.
1.	Passport		1.	Passport	
2.	Voter ID Card	XXXXXX7655	2.	Aadhaar Card	
3.	Driving License		3.	Voter ID Card	<a href="http://vywsdchamt.edu.in/pages/dept_OralandMaxillofacialSurgery.php">http://vywsdchamt.edu.in/pages/dept_OralandMaxillofacialSurgery.php</a> 7655
4.	Aadhaar Card	XXXXXXXX2654	4.	Bill – Electricity / Landline Phone	XXXXXXXX0447
			5.	Regd. Rent Agreement	

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

\*6. Pan Card No. **ASPPD6341L** Certified copy to be enclosed.

\*7. Aadhaar Card No. **905882382654** 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	Nashik	Sept 2016	-	MSDC	A-36093 Dt. 04-02-21
M.D.S.	Sharad Pawar Dental College & Hospital	DMIMS	June-July 2021	Oral Medicine & Radiology	MSDC	
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, Tapowan, Wadali Road, Camp, Amravati, Maharashtra, 444602

\*11. Present Institute Appointment Order No. DCA/838/2021 Date 29/11/21

\*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 & Hospital, Amravati	29.11.2021	Till Date	03 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.	Post COVID- 19 protocol of treatment, radiologic examination and infection control in dentistry.	International Journal of Research and Pharmaceutical Sciences	5
2.	Correlation of Serum Vitamin B12 Levels with Severity of Clinical Presentation in Trigeminal Neuralgia	Journal of Critical Reviews	5
3.	A case report on capillary hemangioma and leukoplakia on tongue	Medical Science	5
4.	A case series of Mucocele	Medical Science	
5.	Peripheral Ameloblastoma in a 7 year old child: A rare case report	Medical Science	
6.	Fibroma on left lateral border of tongue affecting a female	JODRDMIMS	

## DECLARATION

1. I, Dr Pooja Deepak Dhole 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 **Oral Medicine & Radiology** at **VYWS Dental College & Hospital Amravati** (name of the college) on all working days, working Hours from **09.00 AM to 03.00PM**.
2. I am working as a **Full Time/Part 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.