

1. I, **Dr. Varsha Bansilal Rathi**

S/o, D/o, **W/o Bansilal Narayandas Rathi**

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

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3. Residential Address of Faculty:

(a) Present. **C/O Mr Bansilal Rathi,Pooja colony Farashi stop, Amravati**

(b) Permanent . **C/O Mr Bansilal Rathi,Pooja colony Farashi stop, Amravati**

4. Contact Details: Mobile No. **9960907274**

Resi. Tel. No. with STD Code **0721-2571550**

Email : drvarsharathi@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	
3.	Driving License		3.	Voter ID Card	XXXXXX0256
4.	Aadhaar Card	XXXXXXXX2674	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. **XXXXXX857K**

Certified copy to be enclosed.

*7. Aadhaar Card No- **XXXXXXXX2674**

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.	Govt. Dental College Aurangabad	Marathwada University	1987	Dentistry	Maharashtra	A-3970 Dt. 06/02/2021
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 & Hospital, Tapowan, Wadali Road, Camp, Amravati, Maharashtra. 444602**

*11. Present Institute Appointment Order No. **DCA/APP/212(B)/42**

Date **11.06.1992**

*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	VYWS Dental College & Hospital, Amravati	11/06/1992	Till date	29 years 05 months 20 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.	Oral health status and prevalence of premalignant lesion in prisoners of central jail of Amravati, Maharashtra, India	Indian j of cancer	15
2.	Corporate dentistry- A Review	J of research and advancement in dentistry	10
3.	Pyogenic granuloma- A case report	Acta specific Dental sciences	10

DECLARATION

1. I, **Dr.Varsha Bansilal Rathi** 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 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 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.