

1. I, **Dr. Lina Govind Chandak**  
W/o **Dr. Govind Chandak**

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

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3. Residential Address of Faculty:  
(a) Present.. **Padmavati chowk, Pulgaon road, Arvi, Wardha 442 201**  
(b) Permanent. **Padmavati chowk, Pulgaon road, Arvi, Wardha 442 201**

4. Contact Details: Mobile No. **8007522000** Resi. Tel. No. with STD Code **07157222306**  
Email [linagchandak@gmail.com](mailto:linagchandak@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>4694 4135 0415</b>
3.	Driving License		3.	Voter ID Card	
4.	Aadhaar Card	<b>4694 4135 0415</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. **ANNPB5711B** Certified copy to be enclosed.

\*7. Aadhaar Card No. **4694 4135 0415** 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 and Hospital, Indore	DAVV	November 2009		DCI Madhya Pradesh	A-3063 Dt. 28.03.2018
M.D.S.	Sharad Pawar Dental college and Hospital, Sawangi, wardha	DMIMS DU	May 2015	Oral medicine and Radiology	DCI Madhya Pradesh	A-3063 Dt. 28.03.2018
Any Other						

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

9. Present Designation: **Reader**

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/321-A/2020** Date **12.09.2020**

\*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	V Y W S Dental College and Hospital, Amravati	12.09.2016	11.09.2020	04 Years
Reader/Associate Professor	V Y W S Dental College and Hospital, Amravati	12.09.2020	Till Date	01 Years 02 Months 19Days
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.	Correlation of morphometric indices with serum calcium and serum estradiol in pre and postmenopausal women	( Contemporary Clinical Dentistry   Volume 8   Issue 1   January-March 2017	15
2.	Correlation of periodontitis with morphometric indices , serum calium and serum estradiol in postmenopausal women, A case control study.	(Indian Journal of Dental Research   Volume 28   Issue 4   July-August 2017)	15
3.	A rare case report of erosive lichen planus in 12 year old male child.	(International Journal of Dental and Health Sciences Volume 04, Issue 01)	10
4	.Intraosseous mucoepidermoid carcinoma of maxilla in denture wearer patient : a case report is also accepted in nationalized and indexed journal	International Journal of Dental and Health Sciences Volume 04, Issue 01)	10

## DECLARATION

1. I, **Dr. Lina Govind Chandak** do hereby give an undertaking that I am working as a full time salaried employee (as per UGC Norms) designated as **Reader** in the Department of **Oral Medicine & Radioalgy** at **VYWS Dental College & Hospital Amravati** (name of the college) on all working days, working Hours from **09.00 AM to 03.05PM.**
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.

**Indian Penal Code etc.]**