

1. I, Dr. **Shashwati Hargovind Choube**  
**D/o, Hargovind Madanlal Choube**

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

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3. Residential Address of Faculty:

(a) Present.. **29, Balaji nager near Shankar nager, Rajapeth, Amravati, Maharashtra**

(b) Permanent .. **29, Balaji nager near Shankar nager, Rajapeth, Amravati, Maharashtra**

4. Contact Details: Mobile No. **9823220479**  
Resi. Tel. No. \_\_\_\_\_ with STD Code **0721-2670727**  
Email **drshashwatichoube@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	
4.	Aadhaar Card	<b><u>721676499109</u></b>	4.	Bill – Electricity / Landline Phone	<b><u>366471127862</u></b>
			5.	Regd. Rent Agreement	

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

\*6. Pan Card No. **ANGPC2886B** Certified copy to be enclosed.

\*7. Aadhaar Card No. **721676499109** 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><u>Jamanlal Goenka Dental college</u></b>	<b><u>MUHS Nahik</u></b>	<b><u>AUG-2009</u></b>		<b><u>DCI</u></b>	<b><u>A-19938 Renewal dt. 27.03.21</u></b>
M.D.S.	<b><u>Sharad Pawar Dental college</u></b>	<b><u>DMIMS(DU)</u></b>	<b><u>JULY-2017</u></b>	<b><u>Oral medicine and Radiology</u></b>	<b><u>DCI</u></b>	<b><u>A-19938 Renewal dt. 27.03.21</u></b>
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 and Hospital, Tapovan, wadali Road,**  
**Amravati 444 602**

\*11. Present Institute Appointment Order No. **DCA/1270/2018** Date **27.01.2018**

\*12. Before joining present institution I was working at **RRK Dental college and Hospital, Akola** as **Lecturer** and relieved on **30.01.2018** after Resigning/Retiring.

(i) Appointment Order No. **RRKDC&H/2060/2018** & Date **28.08.2017** of the previous appointment:

(ii) Relieving Order No. **RRKDC&H/2086/2018** Date **30.01.2018**

\*13. TEACHING EXPERIENCE\*

Position	Name of Institution	From	To	Total Experience
Tutor				N/A
Lecturer/Asst. Professor	RRK Dental college & Hospital, Akola	22.08.2017	30.01.2018	5 months
	VYWS Dental college & Hospital, Amravati	02.02.2018	Till date	03 Years 09 Months, 29 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.	Betel-nut induced lichenoid lesions and its relation with liver enzymes and hcv -rna	IAOMR	15
2.	Assesment of correlation of growth hormone receptor gene with tooth dimensions : A CBCT and genotyping study	J OF PHARMACY AND BIOALLIED SCIENCES	15
3.	Triphala an innovative medicine over the centuries	J of pharmacology and theurapeutics	10

## DECLARATION

1. I, **Dr. Shashwati Hargovind Choube** 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 and Radiology** at VYWS Dental College & Hospital, Amravati. (name of the college) on all working days, working Hours from **09.00 am to 03.00 pm.**
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 **OR** I am practicing at **N.A** in the city of **N.A** and my days and hours of practice are **N.A.**
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.