

1. I, Dr. **AMOL ASHOKRAO VERULKAR**

S/o, **ASHOKRAO WAMANRAO VERULKAR**

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

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3. Residential Address of Faculty:

(a) Present : **404, Prince Homes Apartment, Gandhinagar, Amravati**

(b) Permanent **404, Prince Homes Apartment, Gandhinagar, Amravati**

4. Contact Details: Mobile No: **9370622204** Resi. Tel. No. with STD Code ----

Email : dramolverulkar3@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	<u>MT/27/122/507678</u>	2.	Aadhaar Card	<u>XXXXXXXX2064</u>
3.	Driving License		3.	Voter ID Card	
4.	Aadhaar Card	<u>XXXXXXXX2064</u>	4.	Bill – Electricity / Landline Phone	<u>366478446645</u>
			5.	Regd.Rent Agreement	

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

*6. Pan Card No. **XXXXXX698E** Certified copy to be enclosed.

*7. Aadhaar Card No. **XXXXXXXX2064** 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.	<u>S.P.D.C. WARDHA</u>	<u>NAGPUR</u>	<u>2001</u>	<u>DENTISTRY</u>	<u>MAHARASHTRA</u>	<u>A-10227</u> <u>31/03/2020</u>
M.D.S.	<u>S.P.D.D.C. WARDHA</u>	<u>RTMU</u> <u>NAGPUR</u>	<u>2007</u>	<u>ORTHODONTICS</u> <u>AND</u> <u>DENTOACIAL</u> <u>ORTHOPEDECS</u>	<u>MAHARASHTRA</u>	<u>A-10227</u> <u>Renewal dt.</u> <u>03.01.2021</u>
Any Other						

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

9. Present Designation: **Professor & HoD**

10. Name and Postal Address of College/Institution: **V.Y.W.S. Dental College And Hospital, Amravati**

*11. Present Institute Appointment Order No. **DCA/804/2010** Date – **22.11.2010**

*12. Before joining present institution I was working at Sharad Pawar Dental College , wardha as Senior lecturer

and relieved on 19/11/2010 after Resigning/Retiring.

(i) Appointment Order No. SPDC/2007-08/6077 & Date 06/02/2008 of the previous appointment:

(ii) Relieving Order No. SPDC/10-11/1028 & Date 19/11/2010

13. TEACHING EXPERIENCE

Position	Name of Institution	From	To	Total Experience
Tutor				N/A
Lecturer/Asst. Professor	S.P.D.C. WARDHA V.Y.W.S. DENTAL COLLEGE AND HOSPITAL , AMRAVATI	26/12/07 22/11/10	19/11/10 26/12/11	4 YEARS
Reader/Associate Professor	V.Y.W.S. DENTAL COLLEGE AND HOSPITAL , AMRAVATI	27/12/11	31/12/16	5 YEARS
Professor	V.Y.W.S. DENTAL COLLEGE AND HOSPITAL , AMRAVATI	01/01/17	TILL DATE	--
Dean/Principal				

* Less than one year teaching experience will not be considered. * Use separate box for each Institution.

DETAILS OF PUBLICATIONS:

Sr. No.	Faculty name & Designation	Name of the Journal	Category I / II/III	Authorship (1 st /2 nd /3 rd , etc.)	Year of Publication	Points	Total
1.	Dr Amol Verulkar	JCO 2021 Vol LV No.9	I	1 st	2021	15	135
		JIOS 2021 Nov-Dec	I	3 rd	2021	15	
		Journal of Clinical Orthodontics 2018 Vol LII No. 8	I	5 th	2018	7.5	
		JIOS. OCT -DEC 2014 48	I	1 st	2014	15	
		JIOS. Jan – March 2014 ,48	I	4 th	2014	15	
		Journal of Contemporary Orthodontics Nov 2017, Vol 1 Issue 4:50-53	I	1 st	2017	15	
		Journal of Contemporary Orthodontics Oct-Dec. 2018, Vol 2, Issue 4, 14-16.	I	2 nd	2018	7.5	
		Indian J Of dental Sci.2017,9:117-8	II	1 st	2017	10	
		IJDS, June 2014, Issue 2.Vol	II	3 rd	2014	10	
		Journal of oral and dental health Vol 2 issue1 2016	II	1 st	2016	10	
		Int.J. orthod Rehabil 2010;8:108-11	III	1 st	2017	5	
		Int.J. orthod Rehabil 2021;11:101-5	III	3 rd	2020	5	
		Int.J. orthod Rehabil 2020;11:112-7	III	3 rd	2020	5	

DECLARATION

1. I, **Dr. Amol A. Verulkar** do hereby give an undertaking that I am working as a full time salaried employee (as per UGC Norms) designated as **Professor & HoD** in the **Department of Orthodontics and Dentofacial Orthopedics** at **V.Y.W.S. Dental College & Hospital , Amravati** (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** /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 **Amravati** in the city of **Amravati** and my days and hours of practice are **6:00 PM to 8:30 PM (Monday-Saturday)**..
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.