

1. I, Dr. **RINKU SHANKARLAL NATHANI**
S/o, D/o, W/o **Dr. NITIN DWARKADAS ADWANI**

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

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3. Residential Address of Faculty:

(a) Present **ADWANI MULTISPECIALITY DENTAL HOSPITAL, NEAR MANIBAI GUJRATI HIGH SCHOOL, AMBAPETH, AMRAVATI, 444601**

(b) Permanent **ADWANI MULTISPECIALITY DENTAL HOSPITAL, NEAR MANIBAI GUJRATI HIGH SCHOOL, AMBAPETH, AMRAVATI, 444601**

4. Contact Details: Mobile No. **9673114114** Resi. Tel. No. with STD Code –
Email: **drinkuadwani@gmail.com**

*5. Any one document 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	773280463918
3.	Driving License		3.	Voter ID Card	
4.	Aadhaar Card	773280463918	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: **AWWPA6788K** Certified copy to be enclosed.

*7. Aadhaar Card No: **773280463918** 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.	V.Y.W.S Dental College and Hospital, Camp, Amravati	MUHS, Nashik	August 2007	Dentistry	Maharashtra State Dental Council	A-16322 10-01-2019
M.D.S.	Sharad Pawar Dental College, Sawangi Meghe, Wardha	DMIMS(DU)	June 2011	Orthodontics & Dentofacial Orthopedics	Maharashtra State Dental Council	A-16322 4-02-2021
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: **V.Y.W.S Dental College and hospital, Camp, Amravati**

*11. Present Institute Appointment Order No. **DCA/555/2013** Date **2/09/2013**

*12. Before joining present institution I was working at Sharad Pawar Dental College and Hospital, Sawangi, Meghe, Wardha

as **Senior Lecturer** and relieved on **17-08-2013** after Resigning/Retiring.

(i) Appointment Order No. **SPDC/2011-12/710** & Date **1-06-2011** of the previous appointment:

(ii) Relieving Order No. **SPDC/2013-14/599** & Date **17-08-2013**

13. TEACHING EXPERIENCE

Position	Name of Institution	From	To	Total Experience
Tutor				
Lecturer/Asst. Professor	Sharad Pawar Dental College, Sawangi Meghe, Wardha	01-06-2011	17-08-2013	2 years 2 months
Lecturer/Asst. Professor	V.Y.W.S Dental College and Hospital, Camp, Amravati	02-09-2013	31-12-2016	3 years 3 months
Reader/Associate Professor	V.Y.W.S Dental College and Hospital, Camp, Amravati	01-01-2017	Till date	04 years, 11 months
Professor				
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	Auth orship (1 st /2 ⁿ d/3 rd , etc.)	Year of Publication	Points	Total points
	Dr Rinku Adwani(Nathani)	Australian Government Innovation Patent no. 2021106623	I		2021	10	70
		Annals of R.S.C.B., ISSN: 1583-6258, Vol. 25, Issue 6, 2021, Pages. 10831 - 10836 08 May 2021.	II	1st	2021	10	
		Annals of R.S.C.B., ISSN: 1583-6258, Vol. 25, Issue 4, 2021, Pages. 10602 - 10610 01 April 2021.	II	3rd	2021	10	
		Annals of R.S.C.B., ISSN: 1583-6258, Vol. 25, Issue 4, 2021, Pages. 8674 - 8681 01 April 2021	II	2nd	2021	10	
		International Journal Of Scientific Research Volume - 9 Issue - 9 September - 2020 PRINT ISSN No. 2277 - 8179 DOI : 10.36106/ijsr	II	5th	2020	10	
		International Journal of Dental Science and Innovative research Vol-2 Issue -6, Page no.242-250	I	1st	2019	15	
		Journal of clinical and diagnostic research	II	3rd	2018	7.5	

DECLARATION

1. I, Dr. **Rinku Nathani** 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 **Orthodontics and Dentofacial orthopedics** at **V.Y.W.S Dental College And Hospital , Camp, Amravati** (name of the college) on all working days, working Hours from **9:00am to 3:05pm.**
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 **OR** I am practicing at in the city of **Amravati** and my days and hours of practice are **Evening Hours.**
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.