

1. I, **Dr. Rajkumar Parwani**
S/o, D/o, **Narayandas Parwani**

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

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3. Residential Address of Faculty

(a) Present. **Aashirwad,Lulla Line Rampuri Camp, Amravati (M.S) – 444603**

(b) Permanent. **Aashirwad,Lulla Line Rampuri Camp, Amravati (M.S) - 444603**

4. Contact Details: Mobile No. **9827003355** Resi. Tel. No. with STD Code **0721-2572940**
Email : **dr_rnparu@yahoo.co.in**

*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	IJF0128290	2.	Aadhaar Card	XXXXXXXX0213
3.	Driving License		3.	Voter ID Card	
4.	Aadhaar Card	XXXXXXXX 0213	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. **XXXXXX997M** Certified copy to be enclosed.

*7. Aadhaar Card No. **XXXXXXXX0213** 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, Nagpur	Nagpur University, Nagpur	May 1992	-	Maharashtra State Dental College	A-5045 Dt. 03-03-2021
M.D.S.	Govt. Dental College, Nagpur	Nagpur University, Nagpur	May 1995	Oral Pathology & Microbiology	Maharashtra State Dental College	A-5045 Dt. 03-03-2021
Any Other						

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

9. Present Designation: **Professor**

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/Est/489/2018** Date **01/08/2018**

*12. Before joining present institution I was working at Modern Dental College & Research Centre as Professor and relieved on 26/07/2018 after Resigning/Retiring.

(i) Appointment Order No. MDC/146-A/2004 & Date 08/07/2004 of the previous appointment:

(ii) Relieving Order No. MDC/59/2018 & Date 26/07/2018

13. TEACHING EXPERIENCE

Position	Name of Institution	From	To	Total Experience
Tutor (Registrar)	Dr Vaishampayam Memorial Medical College, Solapur	28/09/1995	16/12/1995	2 months 19 days
Lecturer/Asst. Professor	V.Y.W.S. Dental College, Amravati	19/12/1995	31/12/1999	4 yrs 0 mnth 13days
Reader/Associate Professor	V.Y.W.S. Dental College, Amravati	01/01/2000	07/07/2004	4 yrs 6 mnth 7 days
Professor	Modern Dental College, Indore	08/07/2004	26/07/2018	14 yrs 0mnth18 days
	V.Y.W.S. Dental College, Amravati	01/08/2018	Till Dt.	

* 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.	Quantitative evaluation of serum fucose in oral squamous cell carcinoma patients	J Cancer Res Ther. 2011 Apr-Jun;7(2):143-7	15
2.	Correlation of salivary and serum IgG, IgA levels with total protein in oral submucous fibrosis	J Oral Sci. 2011 Mar;53(1):97-102	15
3.	Does stress predispose to periodontal disease?	DentUpdate. 2014 Apr;41(3):260-72	15

DECLARATION

1. I, **Dr. Rajkumar Parwani** do hereby give an undertaking that I am working as a full time salaried employee (**as per UGC Norms**) designated as **Professor** in the Department of **Oral Pathology & Microbiology** at **V.Y.W.S Dental College & Hospital, Amravati** (name of the college) on all working days, working Hours from **09:00 am to 03:05 pm**.
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.
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.