

1. I, Dr. **Sameer Gajendra Kedia**
S/o, **Mr.Gajendra Shivprasadji Kedia**

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

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3. Residential Address of Faculty:

(a) Present **Shivleela, Beside ICICI Bank, Bus Stand Road, Maltekadi Road, Amravati - 444602**
(b) Permanent **Shivleela, Beside ICICI Bank, Bus Stand Road, Maltekadi Road, Amravati - 444602**

4. Contact Details: Mobile No. **9370152435** Resi. Tel. No. with STD Code

Email : kediasameer@rediffmail.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	IJF4002127	2.	Aadhaar Card	xxxxxxxx 2701
3.	Driving License		3.	Voter ID Card	
4.	Aadhaar Card		4.	Bill – Electricity / Landline Phone	000001375220621
			5.	Regd.Rent Agreement	

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

*6. Pan Card No. **xxxxxx479R** Certified copy to be enclosed.

*7. Aadhaar Card No. **xxxxxxxx2701** 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 & Hospital, Amravati	Maharashtra University of Health Sciences, Nashik	June 2008		Maharashtra State De3ntal Council, Mumbai	A-18037 05.01.2021
M.D.S.	Modern Dental College & Research Center, Indore	Devi Ahilya Vishwavidyalaya, Indore	July 2013	Periodontology	Maharashtra State De3ntal Council, Mumbai	A-18037 05.01.2021
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 & Hospital, Wadali-Tapowan Road, Amravati. 444 602**

*11. Present Institute Appointment Order No **DCH/460/2013** Date:- **08-08-2013**
DCA/Est/587/2017 **06-09-2017**

*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 & Hospital, Amravati	08-08-2013	07-08-2017	4 years
Reader/Associate Professor	V.Y.W.S. Dental College & Hospital, Amravati	08-08-2017	Till date	-
Professor				
Dean/Principal				

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

***14 DETAILS OF PUBLICATIONS:**

S.No.	Title of the Articles	Journal Details	Points
1.	Efficacy of probiotics as an adjunct to mechanical therapy in chronic periodontitis patients : A pilot study	JPFA. Vol25;January 2011:22	15
2.	Effect of lycopene in the treatment of periodontal diseases : A clinical study	J Contemp Dent Pract 2013;14(6) 1054-1959	15
3.	Comparison of semilunar coronally repositioned flap with gingival massaging using an ayurvedic product in the treatment of class-I gingival recession: A clinical study	World J Clin Cases 2014 October 16; 2(10):534-540	15
4.	Ultrasonographic diagnosis of benign masseter muscle hypertrophy : A case report	J Can Res Ther 2018;14:S1237-40	05
Total Points			45

DECLARATION

1. I, Dr Sameer Gajendra Kedia 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 Periodontology** 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 practicing at **Bus Stand Road** in the city of **Amravati** and my days and hours of practice are **06:00pm** to **09:00pm**.
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.