

1. I, **Dr. Kushal Zanwar**

S/o, D/o, W/o **Dr. Purushottam Zanwar**

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

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3. Residential Address of Faculty:

(a) Present **204, Salasar icon Behind Dmart, near Mahesh Nagar, Badnera road Amravati**

(b) Permanent:.. **204, Salasar icon Behind Dmart, near Mahesh Nagar, Badnera road Amravati**

4. Contact Details: Mobile No. **9403403218 & 9422917761** Resi. Tel. No. with STD Code
Email : **drkushal 13@yahoo.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	XKU6680102	2.	Aadhaar Card	XXXXXXXX0997
3.	Driving License		3.	Voter ID Card	
4.	Aadhaar Card		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. **XXXXXX619G** Certified copy to be enclosed.

*7. Aadhaar Card No. **XXXXXXXX0997** 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 Amravati	MUHS	2010	BDS	MSDC	A-19752 Dt. 03.03.2021
M.D.S.	Sharad Pawar Dental College Sawangi (Meghe)	DMIMS	2014	Periodontology	MSDC	A-19752 Dt. 03.03.2021
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: **VYWS Dental College & Hospital, Tapowan, Wadali Road, Camp,, Amravati, Maharashtra. 444602**

*11. Present Institute Appointment Order No. **DCA/795-A/2021** Date **12/11/2021**

*12. Before joining present institution I was working at **Saraswati Dhanwantari Dental College Parbhani**

as **Reader** and relieved on **30/09.2021** after Resigning/Retiring.

(i) Appointment Order No. **SDDC/A.O./217/2014** & Date **26-5-2014** of the previous appointment:

(ii) Relieving Order No. **SDDCH/Admin/781/2021** & Date **30/09/2021**

13. TEACHING EXPERIENCE

Position	Name of Institution	From	To	Total Experience
Tutor				N/A
Lecturer/Asst. Professor	SDDC and H	26/05/2014	25/05/2018	4 yeras
Reader/Associate Professor	SDDC and H	26/05/2018	30.09.2021	3 Year 4 months 5 days
	VYWS dental college and hospital Amravati	12/11/2021	Till Date	
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.	Comparative evaluation of efficacy of stem cells in combination of PLA/PGA memberan in treatment of gingival recession: clinical study	Journal of stem cells	15
2.	Efficacy of human umbilical stem cells in treatment of multiple gingival recession : randomized controlled clinical study	J Dent Shiraz Univ Med Sci	15
Total			30

DECLARATION

1. I, **Dr. Kushal Zanwar** 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 **VYWS Dental College and Hospital** (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 anywhere **OR** I am practicing at **Sai Nagar** in the city of **Amravati** and my days and hours of practice are **after 06:00 PM.**
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.