

1. I, Dr. **DEEPA TULSIDAS PAZARE**.  
D/o. **DR. TULSIDAS S. PAZARE**.

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

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3. Residential Address of Faculty:

(a) Present: **H No-14B, Gurukrupa colony, Amravati camp, Amravati 444602**

(b) Permanent: **H No-14B, Gurukrupa colony, Amravati camp, Amravati 444602**

4. Contact Details: Mobile No.: **9960721067** Resi. Tel. No. with STD Code: NA  
Email: **dr.dips0901@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	<b>AIP5551940</b>	2.	Aadhaar Card	<b>XXXXXXXX0518</b>
3.	Driving License		3.	Voter ID Card	
4.	Aadhaar Card	<b>XXXXXXXX 0518</b>	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. : **XXXXXXXX892N** Certified copy to be enclosed.

\*7. Aadhaar Card No. : **XXXXXXXX0518** 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.	<b>Tatyasaheb kore dental college, Kolhapur</b>	<b>MUHS, Nashik</b>	<b>August 2009</b>		<b>Maharashtra state dental council</b>	<b>A-20115 03/01/2021</b>
M.D.S.	<b>Yashwantrao Chavan Dental College and Hospital, Ahmednagar</b>	<b>Maharashtra University of Health Sciences, Nashik</b>	<b>August 2019</b>	<b>Periodontology</b>	<b>Maharashtra state dental council</b>	<b>A-20115 Renewal Dt. 03/01/2021</b>
Any Other						

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

9. Present Designation: **Lecturer**

10. Name and Postal Address of College/Institution: **VIDARBHA YOUTH WELFARE SOCIETY'S DENTAL COLLEGE & HOSPITAL, TAPOVAN –WADALI ROAD, AMRAVATI- 444602**

\*11. Present Institute Appointment Order No.: **DCA/ESTT/782/2019** Date: **28.08.2019**

\*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	VYWS DENTAL COLLEGE AND HOSPITAL AMRAVATI	28-8-2019	01-12-2021	2 years 3 months 3 days
Reader/Associate Professor				
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.	“Excision of mucocele : A case report.”	International journal of clinical research , vol 10, issue 10, pp. 74703-74705, October, 2018.	10
2.	Periodontology-Diagnostic Aids	Lap-Lambert Academic Publishing Home	10
3.	“Oral health status of mothers according to different personality traits and influence on their child's oral health : an in vivo cross sectional survey.”	International Journal of clinical Pediatric Dentistry	15
4.	“Esthetic rehabilitation of anterior teeth with attrited and abraded dentition – a case report”	Journal of Research in Medical and Dental Science	10
<b>Total</b>			<b>45</b>

## DECLARATION

1. I, Dr. **Deepa Tulsidas Pazare** do hereby give an undertaking that I am working as a full time salaried employee (as per **UGC Norms**) designated as **Lecturer** in the **Department of Periodontology** at **V.Y.W.S. Dental College & Hospital, Amravati** on all working days, working Hours from **09.00 am to 3.05 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.
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.