

1. I, Dr. **SHRUTI VINOD WANKHADE.**
D/o. **VINOD R. WANKHADE.**

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

<u>2</u>	<u>7</u>	<u>1</u>	<u>0</u>	<u>1</u>	<u>9</u>	<u>9</u>	<u>0</u>
----------	----------	----------	----------	----------	----------	----------	----------

3. Residential Address of Faculty:

(a) Present: **Kishor Nagar near prashant nagar, Amravati 444606**

(b) Permanent: **Kishor Nagar near prashant nagar, Amravati 444606**

4. Contact Details: Mobile No.: **8308822777** Resi. Tel. No. with STD Code: NA
Email: **wankhadeshru81@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	<u>IJF9586124</u>	2.	Aadhaar Card	<u>XXXXXXXX3851</u>
3.	Driving License		3.	Voter ID Card	
4.	Aadhaar Card	<u>XXXXXXXX3851</u>	4.	Bill – Electricity / Landline Phone	<u>000001359572178</u>
			5.	Regd.Rent Agreement	

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

*6. Pan Card No. : **XXXXXX189Q** Certified copy to be enclosed.

*7. Aadhaar Card No. : **XXXXXXXX3851** 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.	<u>V.Y.W.S dental college and hospital, Amravati</u>	<u>MUHS</u>	<u>August 2014</u>		<u>Maharashtra state dental council</u>	<u>A-31045 02/08/2021</u>
M.D.S.	<u>V.Y.W.S dental college and hospital, Amravati</u>	<u>Maharashtra University of Health Sciences, Nashik</u>	<u>October 2020</u>	<u>Periodontology</u>	<u>Maharashtra state dental council</u>	<u>A-31045 Renewal Dt. 02/08/2021</u>
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/719/2020**

Date: **26.12.2020**

*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	26.12.2020	Till Date	-
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.	A comparative evaluation of probiotic mouth rinse and 0.2% chlorhexidine mouth rinses on clinical inflammatory parameters of gingivitis and prevention of plaque: A randomized controlled clinical study	International journal of science and medical research	5
2.	Hemisection - Ray of hope for hopeless tooth in a patient with Aggressive Periodontitis: A rare case report	Journal of dental research and practice	10
3.	Comparative evaluation of clinical effectiveness of probiotics and aloe vera gel on periodontal health -A RCT	Journal of Advanced Medical and Dental Science Research	10
4.	Dealing with Healing : By Novel Biologic Dressing	Scholars Acedemic journal of Biosciences	10
5.	Peri implant diseases	Lambert publications	10
Total			45

DECLARATION

1. I, Dr. **Shruti Vinod Wankhade** 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 **09.00am** 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.