

1. I, **Dr. Kalyani S. Deshmukh**

D/o, **Shyam Deshmukh**

2. Date of Birth

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 (DD/MM/YYYY):

3. Residential Address of Faculty:

(a) Present.. **154 Shriram Nagar behind rathi nagar near gajanan maharaj temple, Amravati 444604**

(b) Permanent ..**154 Shriram Nagar behind rathi nagar near gajanan maharaj temple, Amravati 444604**

4. Contact Details: Mobile No: **7391945563** Resi. Tel. No. with STD Code _____

Email: kalyanid.0907@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		2.	Aadhaar Card	<u>XXXXXXXX0312</u>
3.	Driving License		3.	Voter ID Card	
4.	Aadhaar Card	<u>XXXXXXXX0312</u>	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. **XXXXXX200L** Certified copy to be enclosed.

*7. Aadhaar Card No. **XXXXXXXX0312** 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>VYWS Dental College & Hospital, Amravati.</u>	<u>MUHS university</u>	<u>2016</u>		<u>MSDC, Mumbai</u>	<u>A-33996 Renewal dt. 22.10.2021</u>
M.D.S.	<u>YCM & RDF's dental college</u>	<u>MUHS university</u>	<u>October 2020</u>	<u>Prosthodontics & Crown & Bridge</u>	<u>MSDC, Mumbai</u>	<u>A-33996 Renewal dt. 22.10.2021</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: **VYWS Dental College & Hospital, Amravati. 444 602**

*11. Present Institute Appointment Order No. **ESTT/714/2021** Date:- **25/10/2021**

*12. Before joining present institution I was working at **YCM & RDF's DENTAL COLLEGE, AHMEDNAGAR.** as **Lecturer** and relieved on **20/10/2021** after Resigning/Retiring.

(i) Appointment Order No. _____ & Date _____ of the previous appointment:

(ii) Relieving Order No. **YCDC/427/2021-22** & Date **20/10/2021**

13. TEACHING EXPERIENCE

Position	Name of Institution	From	To	Total Experience
Tutor				N/A
Lecturer/Asst. Professor	YCM & RDF's DENTAL COLLEGE, AHMEDNAGAR	19/10/2020	20/10/2021	01 years
	VYWS Dental College & Hospital, Amravati.	25.10.2021	Till date	01 months, 06 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:

Sr. No.	Title of articles	Journal details	Points
1.	Detachable Cheek Plumpers Retained With Die Pins- A Clinical Report	International Journal Of Dental Science And Innovative Research 2019; 2, (04), 344-347	10
2.	Post operative care for dental implant patients	. International Journal of Scientific Research 2019 (8)	10
3.	Modified impression Technique for management of flabby ridge-a case report.	Journal Of Indian Dental Association Kochi 2019; 1(4):37-41	05
4.	Implant supported mandibular overdenture with occlusal modification: A Case Report.	Journal Of Indian Dental Association Kochi 2020; 2(1): 33-38	05
5.	Management of completely edentulous patients with severe labial undercut by flangeless denture with metallic extension to engage undercut: A case report.	Indian journal of research 2021; 10(03)	10
6.	Rehabilitation of fractured central incisor with richmond crown	JIDAM;2021: 8(1)	05

DECLARATION

1. I, Dr. Kalyani S. Deshmukh 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 Prosthodontics & Crown & Bridge at VYWS Dental College & Hospital, Amravati, on all working days, working Hours from 09.00 am to 03.00 pm
2. I am working as a Full Time / Part 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 N.A in the city of N.A and my days and hours of practice are N.A.
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.