

1. I, Dr. **Ashwini Shirbhate**  
D/o. **Vinod Shirbhate**

2. Date of Birth 

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 (DD/MM/YYYY):

3. Residential Address of Faculty:

(a) Present. **Radha nagar, 1<sup>st</sup> lane, in front of Rahul oil mill, Amravati 444603**

(b) Permanent . **Radha nagar, 1<sup>st</sup> lane, in front of Rahul oil mill, Amravati 444603**

4. Contact Details: Mobile No: **7709986886** Resi. Tel. No. with STD Code \_\_\_\_\_  
Email: [ashshirbhate93@gmail.com](mailto:ashshirbhate93@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>IJF7105042</b>	2.	Aadhaar Card	<b>XXXXXXXX5259</b>
3.	Driving License		3.	Voter ID Card	<b>IJF7105042</b>
4.	Aadhaar Card	<b>XXXXXXXX5259</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. XXXXXX125J Certified copy to be enclosed.

\*7. Aadhaar Card No. XXXXXXXX5259 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>VYWS Dental College &amp; Hospital, Amravati.</b>	<b>MUHS university</b>	<b>2016</b>		<b>MSDC, Mumbai</b>	<b>A-35014 Renewal dt. 05.03.2021</b>
M.D.S.	<b>VYWS Dental College &amp; Hospital, Amravati</b>	<b>MUHS university</b>	<b>October 2020</b>	<b>Prosthodontics and Crown and Bridge</b>	<b>MSDC, Mumbai</b>	<b>A-35014 Renewal dt. 05.03.2021</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: **VYWS Dental College & Hospital, Amravati. Tapovan Wadali road, Amravati. 444 602**

\*11. Present Institute Appointment Order No. **ESTT/443/2021** Date :- **04.09.2021**

\*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. \_\_\_\_\_ & Date \_\_\_\_\_ of the previous appointment:

(ii) Relieving Order No. \_\_\_\_\_ & Date \_\_\_\_\_ 20/10/2021 \_\_\_\_\_

**\*13. TEACHING EXPERIENCE\***

Position	Name of Institution	From	To	Total Experience
Tutor				N/A
Lecturer/Asst. Professor	VYWS Dental College & Hospital, Amravati.	04.09.2021	Till date	02 months, 27 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.	Auricular Prosthesis for Congenitally Deformed Ear with Acrylic Template for Color Depiction –A Case Report	Journal of Evolution Medicine and Dental Sciences 2021; Vo:10; Issue:35, 3063-3066	15
2.	Non Surgical and Conservative approach to the maxillary flabby tissue and atrophied mandibular ridge-A Case Report	Journal of Indian Dental Association 2019; 45(4):10-14	10
3.	Smile Rejuvenation in Dental Fluorosis and Midline Diastema using Porcelain Laminate Veneers-A Case Report	Journal Of Prosthetic Rehabilitation 2019; 1(1):29-35	10
4.	Prosthetic Rehabilitation of an Occular Defect – A Case Report	Journal of Indian Dental Association 2019; 45(4):13-16	10
5.	Prosthetic Rehabilitation of a Patient with tooth supported overdenture and cast partial denture- A Case Report	Journal of Indian Dental Association 2019; 45(3):9-14	10

### DECLARATION

1. I, Dr. **Ashwini V. Shirbhate** 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. 444602** (name of the college) 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.