

1. I, **Dr. Pawan Rajendra Joshi**

S/o. **Mr. Rajendra R Joshi**

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

0	2	0	9	1	9	8	7
---	---	---	---	---	---	---	---

3. Residential Address of Faculty:

(a) Present.. **C/o- Dr Joshi's clinical Laboratory, New Town Weekly Market, Badnera**

(b) Permanent - **Dr Joshi's clinical Laboratory, New Town Weekly Market, Badnera**

4. Contact Details: Mobile No.-**8888095937, 9665741423**

Email: **dr.pawanjoshi1987@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><u>XKU1078740</u></b>	2.	Aadhaar Card	<b><u>719914778097</u></b>
3.	Driving License	<b><u>MH27 20100012053</u></b>	3.	Voter ID Card	
4.	Aadhaar Card	<b><u>719914778097</u></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. **ALUPJ8912D** Certified copy to be enclosed.

\*7. Aadhaar Card No. **719914778097** 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><u>Sharad pawar Dental College&amp;Hospital, sawangi</u></b>	<b><u>DMIMS Nagpur University</u></b>	<b><u>September 2011</u></b>	-	<b><u>MSDC</u></b>	<b><u>A-24557</u></b>
M.D.S.	<b><u>Sharad pawar Dental College&amp;Hospital, sawangi</u></b>	<b><u>DMIMS Nagpur University -</u></b>	<b><u>June 2016</u></b>	<b><u>Pediatric &amp; preventive Dentistry</u></b>	<b><u>MSDC</u></b>	<b><u>A-24557 26/02/2019</u></b>
PGDHMM	<b><u>Symbiosis Institute of Health Sciences</u></b>	<b><u>Pune</u></b>	<b><u>May 2012</u></b>		-	-
PGDCR	<b><u>Symbiosis Institute of Health Sciences</u></b>	<b><u>Pune</u></b>	<b><u>May 2012</u></b>			
PGDMLS	<b><u>Symbiosis Institute of Health Sciences</u></b>	<b><u>Pune</u></b>	<b><u>May 2013</u></b>			

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

9. Present Designation: **Reader**

10. Name and Postal Address of College/Institution: **Vidarbha Youth Welfare Society Dental College & Hospital, Tapovan Camp Road, Amravati, Pin 444602.**

\*11. Present Institute Appointment Order No. **DCA/1193 /2017**

Date:- **05/01/2018**

\*12. Before joining present institution I was working at **RRK Dental College & Hospital kanheri sarap, Akola** as **Senior Lecturer. 14.09.2016** and relieved on **29.12.2017** after Resigning/Retiring.

(i) Appointment Order No. **RRKDC&H/ 659/2016** & Date **14.09.2016** of the previous appointment:

(ii) Relieving Order No. **RRKDC&H/1936/2017** Date **29.12.2017**

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

Position	Name of Institution	From	To	Total Experience
Tutor				N/A
Lecturer/Asst. Professor	RRK Dental College & Hospital Kanheri Sarap, Akola	14/09/2016	29/12/2017	15 months 15 days
	VYWS Dental College & Hospital Amravati	05/01/2018	21/11/2021	02 Years 11 Months 24 Days
Reader/Associate Professor	VYWS Dental College & Hospital Amravati	22/11/2021	Till Date	09 Days
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 BETWEEN FORMOCRESOL AND DIODE LASER ASSISTED PULPOTOMY IN PRIMARY MOLARS-AN IN-VIVO STUDY	EUROPEAN JOURNAL OF PHARMACEUTICAL AND MEDICAL RESEARCH	15
2.	COMPARATIVE EVALUATION OF PRICKING PAIN RESPONSE,BEHAVIOURAL RESPONSE ,HEART RATE AND BLOOD PRESSURE RESPONSE TO PRILIDO CREAM AND LIGNOCAD GEL PRIOR TO LOCAL ANESTHESIA ADMINISTRATION IN CHILDREN	JOURNAL OF PHARMACY AND BIOLOGICAL SCIENCES	10
3.	EVALUATION OF SALIVARY NITRIC OXIDE WITH RESPECT TO DENTAL CARIES AND PERIODONTAL STATUS IN CHILDREN WITH DOWN'S SYNDROME	EUROPEAN JOURNAL OF PHARMACEUTICAL AND MEDICAL RESEARCH	15
4.	PYOGENIC GRANULOMA- A CASE REPORT	ACTA SCIENTIFIC DENTAL SCIENCES	05

## DECLARATION

1. I, Dr. Pawan R.Joshi 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 Pediatric and Preventive Dentistry at VYWS Dental College And Hospital, Amravati ( name of the college) on all working days, working Hours from 9.00 a.m to 3.05 p.m.
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 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.