

1. I, Dr. **Punam Surendra Patil**
D/o. **Mr. Surendra Patil**

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

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3. Residential Address of Faculty:

(a) Present..C/o **Mr. Surendra Patil**

Snehagandha colony ,New Amravati railway station road,Amravati. 444607

(b) Permanent . C/o **Mr. Surendra Patil**

Snehagandha colony ,New Amravati railway station road,Amravati .444607

4. Contact Details: Mobile No. **9822724722** Resi. Tel. No. with STD Code. **0721 2512659**

Email: drpspatil77@gmail.com

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*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	541626513613
3.	Driving License	MH27-2003/0006087	3.	Voter ID Card	
4.	Aadhaar Card	541626513613	4.	Bill – Electricity / Landline Phone	366473158552
			5.	Regd. Rent Agreement	

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

*6. Pan Card No. **AQSP9790J** Certified copy to be enclosed.

*7. Aadhaar Card No. **5416 2651 3613** 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.	VYWS Dental College & Hospital, Amravati	Amravati University	July 1999	-	MSDC	A-8612 08.01.2021
M.D.S.	-	-	-	-	-	-
Any Other	-	-	---		-	-

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

9. Present Designation: **Lecturer / Tutor**

10. Name and Postal Address of College/Institution: **Vidarbha Youth welfare societies Dental College & Hospital, Tapovan-Wadali Road, Camp, Amravati - 444602.**

*11. Present Institute Appointment Order No. **DCA/APP/Estt/606/E/2000** Date:- **28/09/2000**

*12. Before joining present institution I was working at **N.A.** as and relieved on **N.A** after Resigning/Retiring.

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

(ii) Relieving Order No. _____ & Date _____

13. TEACHING EXPERIENCE

Position	Name of Institution	From	To	Total Experience
Tutor	VYWS Dental College & Hospital, Amravati	28.09.2000	Till date	21 years 02 months 03 days
Lecturer/Asst. Professor				
Reader/Associate Professor				
Professor				
Dan/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.	Apical sealing ability of thermo plasticized gutta percha technique versus lateral condensation gutta percha technique:An in vitro study	J of Research and Advancement in Dentistry	10
2.	Extralingival pyogenic granuloma on upper lip:A rare case report	J of International journal of multidisciplinary Health sciences	2.5
3.	Uses of Stevia: A Review	J of European Biomedical & Pharmaceuticals sciences	2.5
4.	Role of Dentist in child abuse and Neglect :An Indian Perspective	J of International Dental & Medical Research	2.5
5	Assessment of habits of tobacco use among dental and nondental students of Indian Population : A cross-sectional study	Journal of Pharmacy and Bioallied Sciences	15
	Total Point		32.5

DECLARATION

1. I, **Dr. Punam S. Patil** 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 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**
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.

Penal Code etc.]