

1. I, **Dr. SNEHAL SUNIL MARKANDEY**  
W/o **MR. SUNIL MARKANDEY**

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

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3. Residential Address of Faculty:

(a) Present. **3, SUBHASH COLONY, NEAR FARSHI STOP, DASTUR NAGAR ROAD, AMRAVATI 444605.**

(b) Permanent . **3, SUBHASH COLONY, NEAR FARSHI STOP, DASTUR NAGAR ROAD, AMRAVATI 444605.**

4. Contact Details: Mobile No. **9420713216** Resi. Tel. No. with STD Code. **N.A**  
Email id. [snehalmarkandey@gmail.com](mailto:snehalmarkandey@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>HQJ2179299</b>	2.	Aadhaar Card	<b>727284158966</b>
3.	Driving License	<b>MH27 20110016081</b>	3.	Voter ID Card	<b>HQJ2179299</b>
4.	Aadhaar Card	<b>727284158966</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. **AAXPM9278P** Certified copy to be enclosed.

\*7. Aadhaar Card No. **727284158966** 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>GOVERNMENT DENTAL COLLEGE, AURANGABAD</b>	<b>MARATHWADA</b>	<b>NOVEMBER 1987</b>	<b>BDS</b>	<b>MAHARASHTRA STATE DENTAL COUNCIL</b>	<b>A 3987 Renwal date: 07/02/2021</b>
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: **VIDARBH YOUTH WELFARE SOCIETY'S DENTAL COLLEGE AND HOSPITAL, TAPOVAN – WADALI ROAD, CAMP, AMRAVATI, 444602.**

\*11. Present Institute Appointment Order No. **DCA/450/APP/91** Date **28/08/1991**

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

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

(ii) Relieving Order No. NA & Date NA

\*13. TEACHING EXPERIENCE\*

Position	Name of Institution	From	To	Total Experience
Tutor	VIDARBH YOUTH WELFARE SOCIETY'S DENTAL COLLEGE AND HOSPITAL, TAPOVAN – WADALI ROAD, CAMP, AMRAVATI, 444602	01.09.1991	TILL DATE	30 Years 03 Months
Lecturer/Asst. Professor				
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.	Possible role of fennel seeds in the etiology of oral submucous fibrosis in a 5 Yr old girl.	International Journal of science for medical and dental research2015;1(2):1-3	5
2.	Comparative Study of Esthetic Restorative Materials	International Journal of science for medical and dental research2015;1(2):4-9	10
3.	Ideal Radiograph	International Journal of science for medical and dental research2015;1(2):10-33	5
4.	Saliva and Oral fluid	International Journal of science for medical and dental research2015;1(2):34-66	10
5.	Explore dentistry with Teledentistry- A Future Perspective	Healtalk 2017;9(6):41-42	5
6.	Socket Shield Technique- Innovative way of preserving buccal cortical bone in dental implant.	Oral Wisdom 2016;13(2)	
7.	Space closure perspective whether to be done orthodontically or restoration or prosthetic	Orthodontics Practice	

## DECLARATION

1. I, Dr. **SNEHAL SUNIL MARKANDEY** do hereby give an undertaking that I am working as a full time salaried employee (as per UGC Norms) designated as **Lecturer / Tutor** in the Department of **PEDIATRIC DENTISTRY** at **VIDARBH YOUTH WELFARE SOCIETIES DENTAL COLLEGE AND HOSPITAL, TAPOVAN – WADALI ROAD, CAMP, AMRAVATI, 444602** (name of the college) on all working days, working Hours from **9:00AM** to **3:05 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.