1. I, Dr. **Harish R. Gulhane**

   S/o, Shri. **Rambhau C. Gulhane**

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

| 1 | 9 | 0 | 7 | 1 | 9 | 5 | 2 |
|---|---|---|---|---|---|---|---|

3. Residential Address of Faculty:

   (a) Present : **Ram Nagar, Near Prashant Nagar Graden, Amravati**
   (b) Permanent : **As Above**

4. Contact Details: Mobile No. **9822714951** Resi. Tel. No. with STD Code **0721-2670691**

   Email : drharishrgulhane@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 | **XXXXXXX6721** |
| 3. | Driving License | | 3. | Voter ID Card | |
| 4. | Aadhaar Card | **XXXXXXX6721** | 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. **XXXXXX274C** Certified copy to be enclosed.

*7. Aadhaar Card No. **XXXXXXXX6721** Certified copy to be enclosed.

*8. Qualifications:

| Degree | Name of the Institution | University | Year & Month of Passing | Specialty | Name of the State Dental Council | *Registration No. of UG & PG with date of Renewal |
|---|---|---|---|---|---|---|
| M.B.B.S. | **G.M.C., Nagpur** | **Nagpur** | **1977** | **----** | **MMC** | **72225 17.02.2014** |
| D.O.M.S. | **M.G.I.M.S. Sewagram** | **Nagpur** | **1986** | **--** | **--** | **--** |
| 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: V.Y.W.S. Dental College & Hospital, Amravati

*11. Present Institute Appointment Order No. DCA/112/B/90 Date 09.09.1990

*12. Before joining present institution I was working at **N.A.** as _____ and relieved on _____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 | | | | **N/A** |
| Lecturer | **V.Y.W.S. Dental College & Hospital, Amravati** | **10.09.1990** | **Till date** | -- |
| Reader | | | | |
| 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. | **Nil** | | |

## DECLARATION

1. I, Dr. **Dr. H.R. Gulhane** 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 **Gen. Surgery** at **VYWS Dental College & Hospital, Amravati** (name of the college) on all working days, working Hours from 9.00 a.m. to .03.05 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 ----

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.