1. I, Dr**. Vaishali.A.Thakare**
W/o Mr.Ajay Thakare

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

1	1	0	7	1	9	7	0

3. Residential Address of Faculty:

(a)Present- **15- Sanjeevani colony.Near Congress Nagar.Amravati-444602**

(b)Permanent- **15- Sanjeevani colony.Near Congress Nagar.Amravati 444602**

4. Contact Details: Mobile No. **9422955907** Resi. Tel. No.with STD Code

Email vaishalithakare1107@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	XXXXXX0750	2.	Aadhaar Card	**XXXXXXXX4603**
3.	Driving License		3.	Voter ID Card	
4.	Aadhaar Card	**XXXXXXXX4603**	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. **XXXXXX551D** Certified copy to be enclosed.

*7. Aadhaar Card No. **XXXXXXXX4603** 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
M.B.B.S.	Dr.Panjabrao Deshmukh Memorial Medical College.	Amravati University	JULY 1993	M.B.B.S	Maharashtra Medical Council	074704 27-01-2017
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, Tapovan -Wadali Road, Camp, Amravati – 444 602**

*11. Present Institute Appointment Order No. **DCA/TeacAppo/01 Date 01/07/1995**

*12. Before joining present institution I was working at _Not Applicable (Fresh joining at this Institution) as ____NA_ and relieved on___after Resigning.

(i) Appointment Order No. ___NA_____& Date _of the previous appointment:

(ii) Relieving Order No. NA Date

13. TEACHING EXPERIENCE

Position	Name of Institution	From	To	Total Experience
Tutor				
Lecturer/Asst. Professor	**VYWS Dental College & Hospital, Amravati**	**01/07/1995**	**Till date**	- -
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.	Sterilization	2015 March-1st author	10
2.	Anti-malarial Drugs	2015 March-2nd author	05
3.	Genetic programming approach for oral cancer detection and its image restoration	IJTSRD.Vol.2 Issue-3,page 2422-26.Year-2018.4th author	05

DECLARATION

1. I, Dr. _Vaishali Thakare_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 General Pathology and Microbiology at Vidarbha Youth Welfare society's Dental College. (name of the college) on all working days, working Hours from 9 am 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

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.