

1. I, Dr. **Saurabh Dinesh Rathi**

S/o Dinesh Maniklal Rathi

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

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3. Residential Address of Faculty:

(a) Present.. **51, Kohlatkar Colony, Shilangan road , near HVPM, AMRAVATI**

(b) Permanent - **51, Kohlatkar Colony, Shilangan road , near HVPM, AMRAVATI**

4. Contact Details: **7709947624** Mobile No.- **770994762** Resi. Tel. No. - **0721 - 2573092**

Email - saurorathi@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	XXXXXXXX 2099
3.	Driving License		3.	Voter ID Card	
4.	Aadhaar Card	XXXXXXXX 2099	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. **XXXXXX410D** Certified copy to be enclosed.

*7. Aadhaar Card No. **XXXXXXXX2099** 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.	Sharad Pawar Dental College and Hospital	Datta Meghe Institute of dental sciences (deemed)	2017	-	Maharsahtra state dental council	A-36973
M.D.S.	Sharad Pawar Dental College and Hospital	Datta Meghe Institute of dental sciences (deemed)	2021	Conservative Dentistry and Endodontics	Maharsahtra state dental council	A-36973 Renewal Dt. 30.11.2021
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: **VYWS Dental College And Hospital, Wadali Tapovan-Road, Amravati. 444 602**

*11. Present Institute Appointment Order No. **DCA/847/2021** Date **30.11.2021**

*12. Before joining present institution I was working at N.A as N.A 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				N/A
Lecturer/Asst. Professor	VYWS Dental College & Hospital, Amravati.	30.11.2021	Till Dt.	01 days
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.	Microleakage in Composite Resin Restorations – Review article	JEMDS	
2.	Reattaching the fractured fragment in Ellis Class 3 without extraction or removal of that fragment	Discovery Publications	
3.	Coronavirus Pandemic – the real lessons are learnt at the time of crises	IJRPS	
4	Heat Treatment of Sodium Hypochlorite – Narrative review	IJFMT	
5	Premixed bioceramics – A novel pulp capping agent	JCD	

DECLARATION

1. I, Dr. **SAURABH DINESH RATHI** 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 CONSERVATIVE DENTISTRY AND ENDODONTICS** at **VYWS Dental College And Hospital, Amravati** on all working days, working Hours from **9.00 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 **OR** I am practicing at **N.A** in the city of **N.A** and my days and hours of practice are

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.