

1. I, **Dr. Prashant M. Wasu**
S/o Manikrao Madhaorao Wasu

2. Date of Birth

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 (DD/MM/YYYY):

3. Residential Address of Faculty:

(a) Present- **Dr.P.M .Wasu,, Block 37 Krushak colony, near Ramnagar, Amravati Maharashtra, 444606**

(b) Permanent **Dr.P.M .Wasu,Block37 Krushak colony, near Ramnagar, Amravati Maharashtra, 444606**

4. Contact Details: Mobile No. **9421739858** Resi. Tel. No. with STD Code --

Email:- prashantwasu17@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	HQJ1400795	2.	Aadhaar Card	XXXX XXXX 0877
3.	Driving License	MH27 19950004274	3.	Voter ID Card	HQJ1400795
4.	Aadhaar Card		4.	Bill – Electricity / Landline Phone	366470143481
			5.	Regd.Rent Agreement	

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

*6. Pan Card No. **XXXXXX188J** Certified copy to be enclosed.

*7. Aadhaar Card No- **XXXX XXXX 0877** 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.	V.Y. W.S Dental College, Amravati	Amravati University	May 1995	Dentistry	Maharashtra	A~5856 Renewal Dt. 07.01.2021
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: **V.Y.W.S Dental Collage and Hospital, Wadali road, Camp, Amravati.444 602**

*11. Present Institute Appointment Order No.- **DCA/APP/1120/95**

Date- **16.01.1995**

*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. N.A & Date N.A of the previous appointment:

(ii) Relieving Order No. N.A & Date N.A

13. TEACHING EXPERIENCE

Position	Name of Institution	From	To	Total Experience
Tutor				N/A
Lecturer/Asst. Professor	V Y W S Dental Collage and Hospital Amravati	16/01/1995	Till date.	26 years, 10 months, 15 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.	The evolving technology in impression making~ digital impression	International Journal of Science For Medical And Dental Research	2.5
2.	Digital Revolution in ceramics	Heal Talk A Journal Of Clinical Dentistry	2.5
3.	Enhancing smile design with RED proportion v/s golden proportion	Dental Probe Journal	2.5
4.	Jack Screw in regaining mouth opening in postoperative partial trismus due to oral submucous fibrosis of a clinical report	Heal Talk A Journal Of Clinical Dentistry	2.5
5.	Stress & Periodontal disease :- A review	International Journal Oral Care & Research	5

DECLARATION

1. I, **Dr. Prashant M Wasu** 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 Prosthodontics & Crown & Bridge** at **V.Y.W.S. Dental College & Hospital, Amravati.** (name of the college) on all working days, working Hours from **9.00 am to 3.05 pm.**
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 practicing at **Ram Nagar** in the city of **Amravati** and my days and hours of practice are **7pm to 9 pm.**
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.