

1. I, Dr. **Yogesh Lopnath Tandil**
S/o, D/o, W/o **Lopnath Shival Tandil**

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

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

3. Residential Address of Faculty:

(a) Present :- **Gadgebaba, Sadan, Anandwadi Kathora Road Amravati 444604**

(b) Permanent :- **Gadgebaba, Sadan, Anandwadi Kathora Road Amravati 444604**

4. Contact Details: Mobile No. **8691826100** Resi. Tel. No. with STD Code **0721-2553950**
Email **dryogeshtandil@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 | <u>IJF6918890</u> | 2. | Aadhaar Card | <u>XXXXXXXXXXXX</u> |
| 3. | Driving License | | 3. | Voter ID Card | |
| 4. | Aadhaar Card | <u>XXXXXXXXXXXX</u> | 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. **XXXXXX567G** Certified copy to be enclosed.

*7. Aadhaar Card No. **XXXXXXXXXXXX** 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. | <u>VYWS DENTAL COLLEGE AMRAVATI</u> | <u>MUHS NASHIK</u> | <u>OCT-2004</u> | | <u>MSDC</u> | <u>A-12642</u> |
| M.D.S. | <u>GOVERNMENT DENTAL COLLEGE MUMBAI</u> | <u>MUHS NASHIK</u> | <u>NOV-2010</u> | <u>CONSERVATIVE DENTISTRY & ENDODONTICS</u> | <u>MSDC</u> | <u>A-12642 Renewal date 29.09.2021</u> |
| Any Other | | | | | | |

*Enclosed certified copy of the State Council Registration renewed till date.

9. Present Designation: **PROFESSOR & HoD**

10. Name and Postal Address of College/Institution: **VIDARBHA YOUTH WELFARE SOCIETY'S DENTAL COLLEGE & HOSPITAL, TAPOVAN -WADALI CAMP AMRAVATI. 444 602**

*11. Present Institute Appointment Order No. **DCA/215/2015** Date – **12.06.2015**

*12. Before joining present institution I was working at YOGITA DC & HOSPITAL, KHED RATNAGIRI as LECTURER and relieved on 11/06/2015 after Resigning.

(i) Appointment Order No. YDCH/2107/4494-A /2014 & Date 22/04/2014 of the previous appointment:
(ii) Relieving Order No. YDCH/2107/5974/2015 & Date 12/06/2015.

13. TEACHING EXPERIENCE

| Position | Name of Institution | From | To | Total Experience |
|----------------------------|--|--|--|--|
| Lecturer/Asst. Professor | GDC&H MUMBAI ACPM DHULE YDC&H KHED | 17/02/2011 17/04/2013 22/04/2014 | 14/02/2013 21/04/2014 11/06/2015 | 2 Years 1 Years 5 Days 1 Year 1 month 10 Days |
| Reader/Associate Professor | VYWS DENTAL & HOSPITAL AMRAVATI | 12/06/2015 | 11.06.2020 | 5 years |
| Professor | VYWS DENTAL & HOSPITAL AMRAVATI | 12.06.2020 | 01.12.2021 | 01 Years 05 months 19 days |
| 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 | 24% Indigenously Prepared Ethylene Diamine Tetra Acetic Acid Compared to Self-Etching Adhesives and their Effect on Shear Bond Strength of Composites in Primary Teeth: An In-vitro Study | Journal of international oral health 2015;7(8):1-5 | 15 |
| 2 | Propylene glycol -a new alternative for an intracanal medicament. | Journal of international oral health Vol 8 issue 5 611-614 | 15 |
| 3 | Effects of various disinfecting techniques on extracted teeth used in vitro studies/a microleakge evaluation | JRAD 5:1 268-274 | 10 |
| 4 | Endodontic management of separated instrument and perforation in tooth with calcific metamorphosis: a case report. | International Journal of Scientific Research. 2020:9(3), 60-62 | 5 |
| 5 | Comparison of the effect of different irrigating solutions on the microhardness of root canal dentin: an in-vitro study. | International Journal of Scientific Research. 2020:9(3), 70-73 | 10 |
| 6 | Maxillary first molar with five root cnal :A case report | International journal of dental case report 2014:4(2):14-17 | 10 |
| 7 | Orthodontic treatment of Periodontal problems : A comprehensive interdisciplinary approach | Healtalk Jan-Feb, 2012:4(3) | 2.5 |

DECLARATION

1. I, Dr. **Yogesh Tandil** do hereby give an undertaking that I am working as a full time salaried employee (as per UGC Norms) designated as **Professor & HoD** in the Department of **Conservative Dentistry & Endodontics**. 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 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.