

1. I, Dr. SHRIKANT ASHOKRAO SHINGANE  
S/o, D/o, W/o ASHOKRAO BAPURAO SHINGANE

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

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3. Residential Address of Faculty:

(a) Present.. 5/6 SHRI VITHAL RESIDENCY HOLLYWOOD COLONY, KATHORA NAKA Amravati  
Maharashtra 444604

(b) Permanent .. 5/6 SHRI VITHAL RESIDENCY HOLLYWOOD COLONY, KATHORA NAKA Amravati  
Maharashtra 444604

4. Contact Details: Mobile No 8411896976 Resi. Tel. No. with STD Code 8411896976  
Email:- [shrikantshingane437@gmail.com](mailto:shrikantshingane437@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	XXXXXXXX4816
3.	Driving License		3.	Voter ID Card	
4.	Aadhaar Card	XXXXXXXX4816	4.	Bill – Electricity / Landline Phone	000001407060702
			5.	Regd. Rent Agreement	

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

\*6. Pan Card No. EMUPS8901Q Certified copy to be enclosed.

\*7. Aadhaar Card No. 920547864816 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.	S.M.B.T DENTAL COLLEGE & HOSPITAL, SANGAMNER	MUHS, NASHIK	JUNE 2007	BDS	MAHARASHTRA STATE DENTAL COUNCIL	A-13941 07-01-2021
M.D.S.	TATYASAHEB .KORE . DENTAL COLLEGE, KOLHAPUR	MUHS, NASHIK	AUGUST 2012	CONSERVATIVE DENTISTRY & ENDODONTICS	MAHARASHTRA STATE DENTAL COUNCIL	Renewal Dt. 07-01-2021
Any Other						

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

9. Present Designation: Reader

10. Name and Postal Address of College/Institution: VYWS DENTAL COLLEGE & HOSPITAL, Tapovan – Wadali Road, Camp, Amravati 444602.

\*11. Present Institute Appointment Order No. DCA/836/2021 Date : 18/01/2021

\*12. Before joining present institution I was working at Dr. Rajesh R Kambe ,Dental College & Hospital, Akola as Reader and relieved on 24.12.2020 after Resigning.

(i) Appointment Order No. RRDCH/681/01/2016 Date 01.08.2016 of the previous appointment:

(ii) Relieving Order No. RRDC&H/5758/2020 & Date 24.12.2020

\*13. TEACHING EXPERIENCE\*

Position	Name of Institution	From	To	Total Experience
Tutor				
Lecturer/Asst. Professor	Vyws Dental College & Hospital, Tapovan – Wadali Road, Camp, Amravati 444602	01.10.2012	30.07.2016	3yrs 9 months
	Dr.Rajesh R Kambe Dental College & Hospital ,Akola	01.08.2016	30.09.2016	3 months
Reader/Associate Professor	Dr.Rajesh R Kambe Dental College & Hospital ,Akola.	01.10.2016	25.12.2020	4 yrs 2 months ,24 days
	Vyws Dental College & Hospital, Tapovan – Wadali Road, Camp, Amravati 444602	18.01.2021	01.12.2021	10 months, 13 days
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.	Presurgical nosoalveolar remodeling – An experience in the journey of cleft lip and palate	Clinical, cosmetic and investigational dentistry2015:1-7	15
2.	Effectiveness of flowable composite resin composite in reducing microleakage – An in vitro study	Journal of international oral health ,2014, 6(3):111-114	15
3.	Endodontic management of the root fractured apical part of root in oblique direction -A case report	JIDA, vol. no. 11, November 2009	2.5
4.	Retreatment with sectional gutta percha obturation technique and glass fiber post of maxillary right lateral incisor having a metal post with periapical lesion : a case report	JIDA, VOL. 3, no. 11, November 2009	2.5
5.	Thermoplasticized gutta percha -A case report	JIDA ,VOL. 3, no. 12 december 2009	2.5
6.	Maxillary central Incisor with two canals :A rare case report	Journal of research advancement in dentistry 2020;10:2:14-16	10

## DECLARATION

1. I, Dr. **Shrikant A. Shingane** do hereby give an undertaking that I am working as a full time salaried employee (as per **UGC Norms**) designated as **Reader** in the Department of **Conservative Dentistry & Endodontics** at **VYWS Dental College & Hospital, Amravati.** (name of the college) on all working days, working Hours from **9.00AM** to **03.05 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.