1. I, **Dr. Vivek R. Kolhe**
S/o, **Ramdas N Kolhe**

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

2	1	0	3	1	9	8	3

3. Residential Address of Faculty:

(a) Present:- **Vasundhara housing society near rekha colony, VMV road Amravati**

(b) Permanent:- **Vasundhara housing society near rekha colony, VMV road Amravati**

4. Contact Details: Mobile No. **7387431053**

Email:- drvivekkolhe11@gmail.com

*5. Any one documents from5a and5b 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	**XXXXXXXX3006**
3.	Driving License		3.	Voter ID Card	
4.	Aadhaar Card	**XXXXXXXX3006**	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. **XXXXXX454B** Certified copy to be enclosed.

*7. Aadhaar Card No. **XXXXXXXX3006** 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.	**VYWS DCH Amravati**	**MUHS Nashik**	**2006**	**Dental**	**MSDC**	**A-14053 29.02.2020**
M.D.S.	**The Oxford Dental College Bangalore**	**RGUHS**	**2012**	**Oral and maxillofacial surgery**	**MSDC**	**A-14053 14.01.2021**
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 444 602**

*11.Present Institute Appointment Order No.**DCA/252/ 2014** **Date** **04.06.2014**

*12. Before joining present institution I was working at **Aditya Dental college, Beed** as **Sr. Lecturer** and relieved on **03/06/2014** after Resigning/Retiring.

(i) Appointment Order No.**AET/GAD DENTA/4747/2013** & Date **3/10/2013** of the previous appointment:

(ii) Relieving Order No. **ADC/beed/346/2014** & Date **3/06/2014**

13. TEACHING EXPERIENCE

Position	Name of Institution	From	To	Total Experience
Tutor				**N/A**
Lecturer/Asst. Professor	**ADC Beed**	**3/10/2013**	**3/06/2014**	**8 months**
	VYWS DCH Amravati	**04/06/2014**	**24.10.2021**	**07yrs 04 months 21 days**
Reader/Associate Professor	**VYWS DCH Amravati**	**25.10.2021**	**Till Date**	**--**
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.	**List Attached**		**22.5**

DECLARATION

1. I, **Dr. Vivek R Kolhe** 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 **Oral And Maxillofacial Surgery** at **VYWS Dental college Amravati** on all working days, working Hours from **09.00 am** 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 practicing at **Shegaov Naka** in the city of **Amravati** and my days and hours of practice are **06.00pm to 09.00pm.**

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.