1. I, Dr. **Tushar Deepak Rathi**
   S/o, **Mr.Deepak Bulakhidasji Rathi**

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

1	3	0	5	1	9	8	7

3. Residential Address of Faculty:

   (a) Present **Balaji Plot Near Sitaram Baba Temple, Amravati - 444602**
   (b) Permanent **Balaji Plot Near Sitaram Baba Temple, Amravati - 444602**

4. Contact Details: Mobile No. **9820186587** Resi. Tel. No. with STD Code

   Email : **tushardrathi@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	**XXXXXX6212**	2.	Aadhaar Card	**XXXXXXXX 8630**
3.	Driving License		3.	Voter ID Card	
4.	Aadhaar Card		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. **XXXXXX878H** Certified copy to be enclosed.

*7. Aadhaar Card No. **XXXXXXXX 8630** 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 & Hospital, Amravati**	**Maharashtra University of Health Sciences, Nashik**	**June 2008**		**Maharashtra State Dental Council, Mumbai**	**A-17608 06-08-2021**
M.D.S.	**K.V.G.Dental College, Sullia**	**Rajiv Gandhi University of Health Sciences, Karnataka**	**May 2014**	**Oral and Maxillofacial Surgery**	**Maharashtra State Dental Council, Mumbai**	**A-17608 06-08-2021**
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 **V.Y.W.S.Dental College & Hospital, Wadali-Tapowan Road, Amravati**

*11. Present Institute Appointment Order No **DCA/720/2020** Date **26-12-2020**

*12. Before joining present institution I was working at **R.R.K.Dental College & Hospital, Akola** as **Lecturer** and relieved on **01-03-2017** after **Resigning**/~~Retiring.~~

(i) Appointment Order No. **RRKDC&H/619/2015** & Date **01-07-2015** of the previous appointment:

(ii) Relieving Order No. **RRKDC&H/1203/2017** & Date **01-03-2017**

13. TEACHING EXPERIENCE

Position	Name of Institution	From	To	Total Experience
Tutor				**N/A**
Lecturer/Asst. Professor	**R.R.K.Dental College & Hospital, Akola**	**01-07-2015**	**01-03-2017**	**1 year 8 months**
	V.Y.W.S.Dental College & Hospital, Amravati	**29-12-2020**	**01-12-2021**	**Till Date**
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.	**Benign Fibrous Histiocytoma: A rae case report and Literature reveiw**	**J.Maxillofac.Oral Surg. DOI 10.1007/s12663-014-0721-x**	**7.5**
Total Points			**7.5**

DECLARATION

1. I, Dr **Tushar Deepak 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 **Oral & Maxillofacial Surgery** at **V.Y.W.S.Dental College & Hospital, Amravati** (name of the college) 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 **Rukmani Nagar** 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.