

1. I, Dr. **NEELAM VILAS RAHUL**
D/o **MR. VILAS DIGAMBAR RAHUL**

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

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3. Residential Address of Faculty:

(a) Present.. **C/O. DR. KRUNAL WANKHEDE, SHREE GANESHA KING CIRCLE APPARTMENT, 3RD FLOOR, F-304, BEHIND IMA HALL, MANGELAL PLOT, CAMP ROAD, AMRAVATI 444 602**

(b) Permanent . **C/O. DR. KRUNAL WANKHEDE, SHREE GANESHA KING CIRCLE APPARTMENT, 3RD FLOOR, F-304, BEHIND IMA HALL, MANGELAL PLOT, CAMP ROAD, AMRAVATI 444 602**

4. Contact Details: Mobile No. **9075117344** Resi. Tel. No. with STD Code _____
Email:- **dr.neelamrahul@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>XXXXXX7117</u>	2.	Aadhaar Card	<u>XXXXXXXX2180</u>
3.	Driving License		3.	Voter ID Card	
4.	Aadhaar Card	<u>XXXXXXXX2180</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. **XXXXXX148M** Certified copy to be enclosed.

*7. Aadhaar Card No. **XXXXXXXX2180** 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>SWARGIYA DADASAHEB KALMEGH SMRUTI DENTAL COLLEGE AND HOSPITAL, NAGPUR</u>	<u>MUHS NASHIK</u>	<u>2013 MARCH</u>	<u>B.D.S</u>	<u>M.S.D.C</u>	<u>A-27198 Renewal date- 15/03/2021</u>
M.D.S.	<u>SWARGIYA DADASAHEB KALMEGH SMRUTI DENTAL COLLEGE AND HOSPITAL, NAGPUR</u>	<u>MUHS NASHIK</u>	<u>2018 AUGUST</u>	<u>CONSERVATIVE DENTISTRY AND ENDODONTICS</u>	<u>M.S.D.C</u>	<u>A-27198 Renewal date- 15/03/2021</u>
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: **VIDARBH YOUTH WELFARE SOCIETY'S DENTAL COLLEGE AND HOSPITAL, TAPOVAN – WADALI ROAD, CAMP, AMRAVATI, 444602**

*11. Present Institute Appointment Order No. **DCA/1150/A/2018** Date **22/12/2018**

*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 College & Hospital, Amravati.	22.12.2018	01.12.2021	02 years, 11 months, 09 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.	Comparative evaluation of antibacterial efficacy of Herbal Irrigants like Morinda Citrifolia, Propolis and Green Tea against Conventional irrigants like 3% Sodium Hypochlorite and 2% Chlorhexidine against Enterococcus Faecalis: An in-vitro study.	International Journal of current research.2017;9(6):52104-08	15
2.	Efficacy of irrigant activation technique of Q-mix 2 in 1 in removing intracanal smear layer: An in-vitro scanning electron microscopic study.	International Journal of current research. 2018;10(2):65581-85	15
3.	Comparative Evaluation of effect of Ultrasonic agitation on EDTA and Chitosan on Smear Layer Removal from Root Dentin: An In-vitro SEM Study.	International Journal of science & research. 2018;7(11)1047-51	15
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	7.5
5.	Effect Of Various Storage Media On Fracture Resistance Of The Reattached Tooth Fragments: An In-Vitro Study	International Journal of Scientific Research. 2020:9(3), 6-9	15
6.	Comparative evaluation of water sorption and solubility of different restorative cements: an in-vitro study	International Journal of Scientific Research. 2020:9(3), 33-36	15
7.	A survey on antibiotics prescribed during endodontic treatment amongst general dentists and specialists.	International Journal of Scientific Research. 2020:9(5),1-3	15
8.	An in vitro Evaluation of depth of Tubular Penetration of Ah plus and Endosequence Bioceramic Sealer: A Confocal Laser Scanning Microscope Investigation	Annals of R.S.C.B. 2021:25(5);3045-3056	15
9.	Mucormycosis: Tsunami of Fungal Infection after Second Wave of COVID 19	Annals of R.S.C.B. 2021;25(6):6383-6390	7.5
10.	Covid-19 Stress and coping strategies for Health Care students	Turkish Journal of Physiotherapy & Rehabilitation. 2021:32(03):23986-23996	7.5

DECLARATION

1. I, Dr. **NEELAM VILAS RAHUL** 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 **Conservative Dentistry & Endodontics** at **V.Y.W.S. Dental College & Hospital, Tapovan – Wadali Road, Camp, Amravati. 444 602** (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**/Part 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 **OR** I am practicing at **N.A** in the city of **N.A** and my days and hours of practice are **N.A**.
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.