1. I, Dr. **ANKUR SANJAY GUPTA**.
S/o, **SANJAY RAMESH GUPTA .**

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

| 3 | 0 | 1 | 2 | 1 | 9 | 8 | 8 |
|---|---|---|---|---|---|---|---|

3. Residential Address of Faculty:

(a) Present : **ChetanDas Bagicha, Near RadhaKrishna Mandir, Masanganj, Amravati**

(b) Permanent : **ChetanDas Bagicha, Near RadhaKrishna Mandir, Masanganj, Amravati**

4. Contact Details: Mobile No. **9960844115** Resi. Tel. No. with STD Code _____

Email : **ankur30.gupta@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 | **xxxxxxx479** | 2. | Aadhaar Card | **xxxxxxxx 0903** |
| 3. | Driving License | | 3. | Voter ID Card | **xxxxxxx479** |
| 4. | Aadhaar Card | **xxxxxxxx0903** | 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. : **xxxxxx165K** Certified copy to be enclosed.

*7. Aadhaar Card No. : **xxxxxxxx 0903** 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 Dental College and Hospital. Amravati** | **Maharashtra University of Health Sciences, Nashik** | **August 2010** | **Dentistry** | **Maharashtra State Dental Council** | **A-21256** |
| M.D.S. | **VYWS Dental College and Hospital. Amravati** | **Maharashtra University of Health Sciences, Nashik** | **June 2015** | **Oral and Maxillofacial Surgery** | **Maharashtra State Dental Council** | **A-21256 Renewal Dt. 13.05.2021** |
| 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: **VYWS Dental College and Hospital, Tapowan,Wadali Road Camp, Amravati 444 602**

*11. Present Institute Appointment Order No. **DCA/ESH/451/2021** Date : **08-09-21**

*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. _____& Date _____of the previous appointment:

(ii) Relieving Order No. _____& Date_____

*13. TEACHING EXPERIENCE*

| Position | Name of Institution | From | To | Total Experience |
|---|---|---|---|---|
| Tutor | | | | **N/A** |
| Lecturer/Asst. Professor | **VYWS Dental College and Hospital. Amravati** | **08-09-21** | **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. | **Central Giant Cell Granuloma: A case report** | **Heal Talk**<br>**Jan-Apr, Volume 06 : Issue 03-04** | 2.5 |
| 2. | **Surgical Enucleation of An Infected Maxillary Radicular Cyst with Associated Infraorbital Space Infection : A Case Report** | **International Journal Of Sciences for Medical and Dental Sciences**<br>**Issue, 1(1) : April , 2014** | 5 |

## DECLARATION

1. I, Dr. **ANKUR SANJAY GUPTA** 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 AND MAXILLOFACIAL SURGERY** at **DENTAL COLLEGE AND HOSPITAL. TAPOWAN ROAD CAMP, AMRAVATI** (name of the college) on all working days, working Hours from **9:00 to 3.05**.

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 **Private Dental Clinic** in the city of **Amravati** and my days and hours of practice are **6 PM to 9 PM**

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.