

1. I, Dr. **Deepashri Arvind Tekam**  
D/o **Arvind Vithalrao Tekam**

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

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3. Residential Address of Faculty:

(a) Present: **C/O Sunil C Markandey, Subhash Colony, Rukimini Nagar, Amravati Maharashtra, 444602**

(b) Permanent : **C/O Sunil C Markandey, Subhash Colony, Rukimini Nagar, Amravati Maharashtra, 444602**

4. Contact Details: Mobile No. **7385967367/ 8329877443** Resi. Tel. No. with STD Code \_\_\_\_\_  
Email : [tdeepashri13@gmail.com](mailto:tdeepashri13@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	<b>XXXXXXXX 4503</b>
3.	Driving License		3.	Voter ID Card	
4.	Aadhaar Card	<b>XXXXXXXX 4503</b>	4.	Bill – Electricity / Landline Phone	<b>000001381327848</b>
			5.	Regd. Rent Agreement	

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

\*6. Pan Card No. **XXXXXX190Q** Certified copy to be enclosed.

\*7. Aadhaar Card No. **XXXXXXXX 4503** 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.	<b>Swargiya Dadasaheb Kalmegh Smruti Dental College And Hospital, Nagpur</b>	<b>Maharashtra University of Health Science, Nashik</b>	<b>Summer 2012</b>		<b>Maharashtra state council</b>	<b>A-26512</b>
M.D.S.	<b>VSPM Dental college &amp; Research centre, Nagpur</b>	<b>Maharashtra University of Health Science, Nashik</b>	<b>Summer 2019</b>	<b>Conservative Dentistry &amp; Endodontics</b>	<b>Maharashtra state council</b>	<b>A-26512 Renw. Dt.03-02-2021</b>
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: **Vidarbha Youth Welfare Society Dental College & Hospital, Tapovan – Wadali road, Amravati 444602.**

\*11. Present Institute Appointment Order No. **DCA/ESTT/781/2019** Date:- **28/08/2019**

\*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	VYWS DENTAL COLLEGE AND HOSPITAL AMRAVATI	28/08/2019	TILL DATE	02 year, 03 months, 3 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.	A Review On Integrating Contemporary Trends Of Caries Diagnostic Tools	CIJDS journal (Sept-Oct 2016)	05
2.	Antibiotic In Endodontics- An Overview On Integral And Contemporary Aspects	PARIPEX-INDIAN JOURNAL OF RESEARCH May, 2019	10
3	Assessment Of Causes Of Failures Of Root Canal Treatment Using radiological And Clearing Technique.	International Journal Of S May-2019 Issue scientific Research.	10
4	The Perspective Of Dental Practitioners About Post-Endodontic Restoration: A Questionnaire-Based Survey Conducted In Central India.	International Journal Of Scientific Research. April-2019 Issue	10
5	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	10
6	Comparison of the effect of different irrigating solutions on the microhardness of root canal dentin: an in-vitro study.	International Journal of Scientific Research. 2020:9(3), 70-73	10
7	A questionnaire survey of dental practitioner to determine knowledge and awareness about prescribing antibiotics during and after endodontic treatment in Central India	JIDA - Journal of Indian Dental Association - Vol 15 - Issue 4 - April 2021	05

## DECLARATION

1. I, Dr. **Deepashri Arvind Tekam** 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 and Endodontics** at **Vidarbha Youth Welfare Society Dental College & Hospital ,Tapovan –Wadali road, Amravati** (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** \* 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.