1. I, **Dr. Shraddha Omprakash Ambadkar**

   S/o, D/o, W/o **Omprakash Ambadkar**

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

0	6	0	2	1	9	9	1

3. Residential Address of Faculty:

(a) Present- .**plot no. 5 mahatma phule colony V.M.V Road ,Near Rathi Nagar ,Shegaon Naka Amravati**.
(b) Permanent - **plot no. 5 mahatma phule colony V.M.V Road ,Near Rathi Nagar ,Shegaon Naka Amravati.**

4. Contact Details: Mobile No. **9545591122** Resi. Tel. No. with STD Code

   Email:- **shraddhaambadkar111@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	**XXXXXXXX0564**
3.	Driving License	**MH27 20130030191**	3.	Voter ID Card	**IJF7250954**
4.	Aadhaar Card	**XXXXXXXX0564**	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. **XXXXXX654E** Certified copy to be enclosed.

*7. Aadhaar Card No. **XXXXXXXX0564** 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 COLLOEGE AND HOSPITAL**	**MUHS,Nashik**	**06-02-2015**		**MSDC**	**A-32076 Renewal Dt. 23.03.2021**
M.D.S.	**V.Y.W.S.DENTAL COLLOEGE AND HOSPITAL**	**MUHS, Nashik**	**14-08-2019**	**PROSTHODONTICS**	**MSDC**	**-**
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 And Hospital , Tapovan Wadhali Road, Amravati 444602**

*11. Present Institute Appointment Order No. **DCA/Estt/770/2019** Date **26.08.2019**

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	**V.Y.W.S.DENTAL COLLOEGE & HOSPITAL, Amravati.**	**26.08.2019**	**Till date**	**02 year, 03 month 05 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.	**The power of teacher collaboration :putting passions into practice: opening " The third eye" by providing "A third space" for teacher candidates to design an interest driven after school programme in gerodontology: A Research.**	**Journal of research and advancement in dentistry 2017; 6:1s:63-67.**	**2.5**
2.	**A stress-free solution to an enigma in FPD: management of long span bridge including pier abutment. A simplified case reports**	**Dental probe journal Vol 18(3) 2018**	**2.5**
3.	**Enhancing smile design with RED proportion Vs golden proportion: a case report**	**Dental probe journal Vol 18(3) 2018**	**2.5**
4.	**Evaluation of knowledge,attitude and practice of cross infection control for dental impression among dental student,dental practitioner and laboratory technician in vidarbha region**	**Dental probe journal vol18(4)2018**	**2.5**
5.	**Prosthetic rehabilitation of an ocular defect!! A case report**	**Indian dental association Maharashtra state branch vol,xxxno.2**	**5**
6.	**A simplified impression technique for prosthodontics rehabilitation of maxillary fibrous tissue- case report**	**International journal of current research vol13 ssue 03**	**7.5**
7.	**Rehabilitation of edentulous mandible with implant supported over denture**	**Journal of prosthodontics dentistry**	**15**
8.	**Comparative evaluation of pressure generated on a simulated maxillary edentulous model while making final impression with special trays of different spacer designs using two impression materials- an in vitro study**	**International journal of Dental science and innovative research**	**15**
9.	**Lambert academic publishing**	**lambert**	**10**

DECLARATION

1. I, **Dr. Shraddha omprakash ambadkar** 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 **Prosthodontics & Crown & Bridge** at **V.Y.W.S.Dental College And Hospital, Amravati** (name of the college) on all working days, working Hours from **9am to 3pm**

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.