1. I, Dr. **Pankhuri Tiwari (Pande)**
S/o, D/o**, W/o Sanket Pande**

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

2	1	1	1	1	9	9	0

3. Residential Address of Faculty:
(a) Present:- **Dr.Pande Children's Hospital Rukhmini-nagar to Kalyan-nagar Main Road, Kalyan nagar, Amravati – 444606 (Maharashtra)**
(b) Permanent **. Dr.Pande Children's Hospital Rukhmini-nagar to Kalyan-nagar Main Road, Kalyan nagar, Amravati – 444606 (Maharashtra)**

4. Contact Details: Mobile No. **8888760725** Resi. Tel. No. with STD Code **07212674211**
Email **dr.pankhurispande@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	**XXXXXXXX9304**
3.	Driving License	**MH3220120000424**	3.	Voter ID Card	
4.	Aadhaar Card	**XXXXXXXX9304**	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. **XXXXXX762R** Certified copy to be enclosed.

*7. Aadhaar Card No. **XXXXXXXX9304** 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 and Hospital,Amravati**	**Maharashtra University of Health Science, Nashik**	**Summer 2012**	**Dentistry**	**Maharashtra State Dental Council**	**A-27000 Renewal Dt.20.11.2021**
M.D.S.	**V.Y.W.S Dental College and Hospital,Amravati**	**Maharashtra University of Health Science, Nashik**	**August 2019**	**Oral and Maxillofacial Surgery**	**Maharashtra State Dental Council**	**A-27000 Renewal Dt.20.11.2021**
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 and Hospital, Tapovan-Wadali Road, Amravati 444602**

*11. Present Institute Appointment Order No. **DCA/803/2021** Date **20/11/2021**

*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				
Lecturer/Asst. Professor	**VYWS Dental College & Hospital, Amravati.**	**20.11.2021**	**Till Date**	**11 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.	-	-	

DECLARATION

1. I, Dr. **Pankhuri Anilkumar Tiwari (Pande)** 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 V**.Y.W.S Dental College and Hospital, Amravati** (name of the college) on all working days, working Hours from **09.00am to 3.05pm.**

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.