1. I, **Dr. Komal P Warghane**
W/o Prajwal Warghane

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

1	2	0	5	1	9	9	1

3. Residential Address of Faculty:

(a) Present.. **Dreamz Signature, A wing flat no. 901, Congress Nagar, Amravati- 444602**

(b) Permanent .. **Mundhada colony, Nachangaon road, Pulgaon, District - Wardha.442302**

4. Contact Details: Mobile No.: **9561829637** Resi. Tel. No. with STD Code _____
Email- **khondkomal@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	**R5364838**
2.	Voter ID Card		2.	Aadhaar Card	**XXXXXXXX6872**
3.	Driving License		3.	Voter ID Card	
4.	Aadhaar Card	**XXXXXXXX6872**	4.	Bill – Electricity / Landline Phone	**366477984015**
			5.	Regd.Rent Agreement	

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

*6. Pan Card No**.: XXXXXX758F** Certified copy to be enclosed.

*7. Aadhaar Card No. **XXXXXXXX6872** 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.	**Government Dental College and Hospital, Mumbai**	**MUHS**	**August 2014**		**Maharashtra State Dental Council**	**A-31098 Renewal Dt. 07/01/2021**
M.D.S.	**DR Hedgewar Smriti Rugna Sewa Mandal's Dental college and hospital, Hingoli**	**MUHS**	**August 2019**	**Prosthodontics**	**Maharashtra state dental council**	**Registration Dt. 22/01/2021**
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 & Hospital, Tapovan Wadali Road, Amravati. 444 602**

*11. Present Institute Appointment Order No. **DCA/Estt/897/19** Date:- **23.09.2019**

*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**	**23/09/2019**	**Till date**	**02 year 02 months 08 days**

***** 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 simple technique to reduce gag reflex**	**International journal of disease prevention and control**	**5**
2.	**Recent advances in ceramics**	**Lambert Academic publishing**	**10**
3.	**Denture Adhesive**	**Journal of Prosthodontic Dentistry**	**15**
4.	**Bone graft**	**Lambert Academic publishing**	**7.5**
5.	**A simplified impression technique for Prosthodontics rehabilitation of maxillary fibrous tissue- A case report**	**International journal of current research**	**10**
6.	**Rehabilitation of edentulous mandible with implant supported overdenture**	**Journal of Prosthodontic Dentistry**	**10**
7.	**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**
8.	**Ceramic-The dream Material of esthetic aspect (Recent Advances)**	**Lambert Academic publishing**	**7.5**

DECLARATION

1. I, Dr. **Komal Warghane** do hereby give an undertaking that I am working as a full time salaried employee (**as per UGC Norms**) designated as an **Lecturer** in the **Department of Prosthodontics & Crown & Bridge** at **VYWS Dental College And Hospital, Amravati** (name of the college) on all working days, working Hours from **9 am to 3 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.