1. I, Dr. **Shilpa Prashant Wasu**
w/o, **Prashant M. Wasu**

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

2	5	0	1	1	9	7	3

3. Residential Address of Faculty:

(a) Present **37, Krushak colony near Ram nagar, Amravati - 444606**
(b) Permanent **37, Krushak colony near Ram nagar, Amravati - 444606**

4. Contact Details: Mobile No **9850037724** Resi. Tel. No. with STD Code : **0721-2670026**
Email : **drshilpawasu@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	**XXXXXX1124**	2.	Aadhaar Card	**XXXXXXXX9202**
3.	Driving License		3.	Voter ID Card	
4.	Aadhaar Card	**XXXXXXXX9202**	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. **XXXXXX186E** Certified copy to be enclosed.

*7. Aadhaar Card No. **XXXXXXXX9202** 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 & Hospital, Amravati**	**AMRAWATI**	**1995**		**Maharashtra State Dental Council, Mumbai**	**A-6159 05-01-2021**
M.D.S.						
Any Other						

***Enclosed certified copy of the State Council Registration renewed till date.**

9. Present Designation: **Lecturer / Tutor**

10. Name and Postal Address of College/Institution:- **V.Y.W.S. Dental College & Hospital, Wadali-Tapowan Road, Amravati. 444 602**

*11. Present Institute Appointment Order No. **DCA/1140/1997** Date:- **29.03.1997**

*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 College & Hospital, Amravati**	**29-3-1997**	**01-12-2021**	**24 yrs 8 months 3 days**
Reader/Associate Professor			**Till date**	
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.	**Role of genetics in periodontal diseases: review article**	**JInt Clin dent res organ 2017:9:53-8**	**5**
2.	**Stress and periodontal disease:review article**	**Inter j of oral care & res 2017:5(3): 1-5**	**10**
3.	**Lasers in implantology: review article**	**Global journal of research analysis; vol 6 iss-3 march 2017-ISSN No-2277-8160**	**5**
4	**Dealing with healing by novel biologic dressing**	**SAJB – 28-03-21**	**10**
5	**Appraisal of Effectiveness of one stage full mouth disinfection**	**Annals of the Romanian society of cell biology – Vol.25. Is 6 - 2012**	**10**
Total Points			**40**

DECLARATION

1. I, **Dr. Shilpa Prashant Wasu** do hereby give an undertaking that I am working as a full time salaried employee (**as per UGC Norms**) designated as **Lecturer / Tutor** in the **Department of Oral & Maxillofacial Surgery** at **V.Y.W.S. Dental College & Hospital, Amravati** (name of the college) on all working days, working Hours from **09:00am** to **03:05pm**.

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 **OR** I am practicing at **N.A** in the city of **N.A** and my days and hours of practice are **N.A**

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.

etc.]