1. I, Dr. Ashok Prahladrao Tekade

   S/o Prahlad Tukaram Tekade

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

1	8	0	5	1	9	5	3

3. Residential Address of Faculty:

   (a)Present._ Kedia Nagar.Shankar Nagar Road Rajapeth Amravati 444605

   (b)Permanent- Kedia Nagar.Shankar Nagar Road, Rajapeth . Amravati 444605

4. Contact Details: Mobile No. 8793568894 Resi. Tel. No.with STD Code No

   Email dr.tekade@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	MT/21/124/675039	2.	Aadhaar Card	379529892324
3.	Driving License		3.	Voter ID Card	
4.	Aadhaar Card	379529892324	4.	Bill – Electricity / Landline Phone	000000666873614
			5.	Regd.Rent Agreement	

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

*6. Pan Card No. AAJPT4118K Certified copy to be enclosed.

*7. Aadhaar Card No. 379529892324 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.						
M.D.S.						
Any Other	Government Medical College Nagpur	Nagpur University	APRIL 1976	M.B.B.S	Maharashtra Medical Council	38481 24-03-2017

***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's Dental College. Tapovan .Wadali Road

*11. Present Institute Appointment Order No. **449/BDS/90 Date 14/08/1990**

*12. Before joining present institution I was working at NA

as __NA_and relieved on NA_after Resigning.

(i) Appointment Order No. & Date of the previous appointment:

(ii) Relieving Order No. &

13. TEACHING EXPERIENCE

Position	Name of Institution	From	To	Total Experience
Tutor				
Lecturer/Asst. Professor	VYWS Dental College& Hospital, Amravati	01/09/1990	01-12-2021	31 years 3 months
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.	Antimalarial Drugs	IJSMDR.2349-199X.Issue-3:april,2015	03
2.	Sterilization and Disinfection	IJSMDR.2349-199X.Issue-3:april,2015	03

DECLARATION

1. I, Dr. _Ashok.Pralhadrao Tekade_ 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 Physiology at Vidarbha Youth Welfare society's Dental College._ (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.