

1. I, Dr. **Harish R. Gulhane**

S/o, Shri. **Rambhau C. Gulhane**

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

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3. Residential Address of Faculty:

(a) Present : Ram Nagar, Near Prashant Nagar Graden, Amravati

(b) Permanent : As Above

4. Contact Details: Mobile No.9822714951 Resi. Tel. No. with STD Code 0721-2670691

Email : drharishrgulhane@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	236440776721
3.	Driving License		3.	Voter ID Card	
4.	Aadhaar Card	236440776721	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. ABBPG8274C Certified copy to be enclosed.

*7. Aadhaar Card No. 236440776721 Certified copy to be enclosed.

*8. Qualifications:

Degree	Name of the Institution	University	Year & Month of Passing	Specialty	Name of the State Dental Council	*Registration No. of UG & PG with date of Renewal
M.B.B.S.	G.M.C., Nagpur	Nagpur	1977	----	MMC	72225 17.02.2014
D.O.M.S.	M.G.I.M.S. Sewagram	Nagpur	1986	--	--	--
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 & Hospital, Amravati

*11. Present Institute Appointment Order No. DCA/112/B/90 Date 09.09.1990

*12. Before joining present institution I was working at **N.A.** as _____ and relieved on _____ 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				N/A
Lecturer	V.Y.W.S. Dental College & Hospital, Amravati	10.09.1990	Till date	31 Yrs. 2 Months 21 Days
Reader				
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.	Nil		

DECLARATION

1. I, Dr. **Dr. H.R. Gulhane** 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 **Gen. Surgery** at **VYWS Dental College & Hospital, Amravati** (name of the college) on all working days, working Hours from 9.00 a.m. to .03.05 p.m.
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 ----
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.