1. I, Dr. K.S. Ambadekar

   S/o, D/o, W/o Shri. S.S. Ambadekar

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

0	2	0	3	1	9	5	3

3. Residential Address of Faculty:

   (a) Present : Mahalaxmi Colony, Near Shankar Nagar, Amravati 444 602
   (b) Permanent : As Above

4. Contact Details: Mobile No.9420523692 Resi. Tel. No. with STD Code 0721-2670941

   Email : ksambadekar@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	612860449556
3.	Driving License		3.	Voter ID Card	
4.	Aadhaar Card	612860449556	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. ACEPA3995J Certified copy to be enclosed.

*7. Aadhaar Card No. 612860449556 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
M.B.B.S.	I.G.M.C., Nagpur	Nagpur	April 1978	--	MMC	07/083112
M.D.	I.G.M.C., Nagpur	Nagpur	Nov. 1985	Gen. Medicine	MMC	07/083112
Any Other	--	--	--	--	--	--

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

9. Present Designation: Professor

10. Name and Postal Address of College/Institution: V.Y.W.S. Dental College & Hospital, Amravati

*11. Present Institute Appointment Order No. ------ Date 10.11.1989

*12. Before joining present institution I was working at **IGMC, Nagpur** as Lecturer and relieved on **14/08/1985.**

(i) Appointment Order No. _____ & Date **27/11/1981** of the previous appointment:

(ii) Relieving Order No. **Med./Cert./KSA/167/87** & Date **14/08/1985**

13. TEACHING EXPERIENCE

Position	Name of Institution	From	To	Total Experience
Tutor				**N/A**
Lecturer	**IGMC Nagpur** **VYWS Dental College & Hospital, Amravati**	**27.11.1981** **10.11.1989**	**14.08.1985** **30.06.1992**	**3 Yrs. 8 Mths** **2 Yrs. 7 Mths.**
Reader	**VYWS Dental College & Hospital, Amravati**	**01.07.1992**	**30.06.1998**	**6 Yrs.**
Professor	**VYWS Dental College & Hospital, Amravati**	**01.07.1998**	**Till date**	**23 Yrs. 5 Mths.**
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. K.S. Ambadekar** do hereby give an undertaking that I am working as a full time salaried employee (**as per UGC Norms**) designated as Professor in the Department of **Gen. Medicine** 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 practicing at Amravati in the city of Amravati and my days and hours of practice are Monday to Saturday from **6.00 p.m. to 9.00 p.m**.

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.