1. I, Dr. Shone Vasudeo Durge

   S/o, D/o, W/o Vasudeo B. Durge

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

2	6	0	8	1	9	8	2

3. Residential Address of Faculty:

   (a) Present V.M.V Road, Kathora Naka, Infront of Meghe Complex ,Amravati, Maharashtra,444604.

   (b) Permanent V.M.V Road, Kathora Naka, Infront of Meghe Complex ,Amravati, Maharashtra, 444604.

4. Contact Details: Mobile No 9579119240 Resi. Tel. No. with STD Code 0721-2531373

   Email shone_durge@rediffmail.com

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*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	400077342337
3.	Driving License		3.	Voter ID Card	
4.	Aadhaar Card	400077342337	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. BQGPD6312R Certified copy to be enclosed.

*7. Aadhaar Card No.400077342337 Certified copy to be enclosed.

*8. Qualifications:

Degree	Name of the Institution	University	Year & Month of Passing	Speciality	Name of the State Medical Council	*Registration No. of UG & PG with date of Renewal
M.B.B.S	Dr P.D.M.M.C , Amravati.	M.U.H.S Nashik.	Nov/dec 2007	Medicine	MMC	2009/09/3144 2/7/2024
M.D	NKPSIMS , Nagpur.	M.U.H.S Nashik.	Winter 2012	Anatomy	MMC	2009/09/3144 2/7/2024
Any Other						

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

9. Present Designation: Reader

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

*11. Present Institute Appointment Order No. DCA/Est/295/2018 Date 21.06.2018

*12. Before joining present institution I was working at _Fatima Institute of Medical Sciences

as Assistant Professor and relieved on 31/7/2017after Resigning/Retiring.

(i) Appointment Order No. _____& Date 25/01/2013 of the previous appointment:
(ii) Relieving Order No. FIMS/E.C.R .no 275/2018 Date- 14/07/2018

13. TEACHING EXPERIENCE

Position	Name of Institution	From	To	Total Experience
Tutor	NKPSIMS ,NAGPUR.	22/05/2009	5/6/2012	**3 years and 14 days**
Lecturer/Asst. Professor	Fatima Institute of Medical Sciences ,Nagpur.	25/01/2013	31/07/2017	4 years and 6 months and 6 days
Reader/Associate Professor	V.Y.W.S Dental college and Hospital, Amravati	21/6/2018	Till date	3 years and 5 months and 10 days
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.	Study on variations of foramen transversarium in the 7th cervical vertebrae in the region of A.P- A clinical approach.	Indian journal of Anatomy and surgery of Head, Neck and Brain, vol 3 ,Issue 1.	
2.	Study of wormian bones on dry human skull and its sexual dimorphism in the region of Andhra pradesh	Indian journal of Anatomy and surgery of Head, Neck and Brain, vol 2 ,Issue 3.	

DECLARATION

1. I, Dr. Shone Vasudeo Durge do hereby give an undertaking that I am working as a full time salaried employee (**as per UGC Norms**) designated as Reader in the Department of Human Anatomy at V.Y.W.S Dental College and Hospital ,Amravati (name of the college) on all working days, working Hours from 9 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 practicing as Consultant at Amravati in the city of Amravati and my days and hours of practice are Monday to Saturday from 6.00 p.m. to 8.00 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.