

1. I, Dr. **ULHAS SANGAI**

S/o, D/o, W/o **NEMA SANGAI**

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

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3. Residential Address of Faculty:

(a) Present :- **ULHAS BUTI PLOTS, NEAR LOHANA MAHAJAN WADI, BADNERA ROAD, AMRAVATI.**

(b) Permanent :- **ULHAS BUTI PLOTS, NEAR LOHANA MAHAJAN WADI, BADNERA ROAD, AMRAVATI.**

4. Contact Details: Mobile No. **9423124335** Resi. Tel. No. **0721 – 2565930** with STD Code _____

Email :- drulhassangai@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	P1248811	1.	Passport	
2.	Voter ID Card		2.	Aadhaar Card	8719 9119 4480
3.	Driving License		3.	Voter ID Card	
4.	Aadhaar Card	8719 9119 4480	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. ACGPS5406C Certified copy to be enclosed.

*7. Aadhaar Card No. **8719 9119 4480** 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	M.D	NAGPUR UNIVERSITY	1983	PATHOLOGY	MMC	46012_PG 08/06/1981 , 17/06/2019

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

9. Present Designation: **ASSO. PROFESSOR**

10. Name and Postal Address of College/Institution: **V.Y.W.S DENTAL COLLEGE & HOSPITAL, AMARAVATI.**

*11. Present Institute Appointment Order No. **DCA/A/545/91** Date **23/10/1991**

*12. Before joining present institution I was working at Not Applicable (Fresh joining at this Institution)

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/Asst. Professor	V.Y.W.S. Dental College & Hospital, Amravati	21.10.1991	31.12.1996	
Reader/Associate Professor	V.Y.W.S. Dental College & Hospital, Amravati	01.01.1997	24 Yrs. 11 Mths	
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.			
2.			
3.			

DECLARATION

1. I, Dr. **ULHAS SANGAI** do hereby give an undertaking that I am working as a full time salaried employee (**as per UGC Norms**) designated as **ASSO. PROFESSOR** in the Department of Gen. Pathology & Microbiology at VYWS Dental College & Hospita, Amravati (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 practicing as Consultant at Amravati in the city of Amravati and my days and hours of practice are 6.00 pm to 8.00 pm
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.