

1. I, Dr. **Sagar H. Mohkar**  
S/o, **Haridas G.Mohkar**

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

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3. Residential Address of Faculty:

(a) Present . **Rukhmini nagar,lahanuji maharaj marg, behind atul mangal karalay Amravati 444606**

(b) Permanent: **Rukhmini nagar,lahanuji maharaj marg, behind atul mangal karalay Amravati 444606**

4. Contact Details: Mobile No: **8208282306** Resi. Tel. No. with STD Code \_\_\_\_\_

Email: [sagar220188@gmail.com](mailto:sagar220188@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	XXXXXXXX 0067
3.	Driving License		3.	Voter ID Card	
4.	Aadhaar Card	XXXXXXXX 0067	4.	Bill – Electricity / Landline Phone	000001381547603
			5.	Regd.Rent Agreement	

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

\*6. Pan Card No. **XXXXXX566B** Certified copy to be enclosed.

\*7. Aadhaar Card No. **XXXXXXXX 0067** 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.	MGV Dental college and hospital Nasik	MUHS	February 2012		MSDC	A-22496 Renewal date : 10/08/2021
M.D.S.	SDKS dental college and hospital Nagpur	MUHS	2015	Conservative dentistry and endodontics	MSDC	A-22496 Renewal date : 10/08/2021
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: **VYWS Dental College And Hospital, Tapovan Wadali Road, Amravati Camp 444602**

\*11. Present Institute Appointment Order No. **DCA/149/2020** Date **17/07/2020**

\*12. Before joining present institution I was working at Dr. RRK Dental College And Hospital Kaneri Sarap, Akola as Reader and relieved on 15/07/2020 after Resigning/Retiring.

(i) Appointment Order No. 409/2016 & Date 12/03/2016 of the previous appointment:

(ii) Relieving Order No. 5344/2020 & Date 15/07/2020

### 13. TEACHING EXPERIENCE\*

Position	Name of Institution	From	To	Total Experience
Tutor				N/A
Lecturer/Asst. Professor	Dr Rajesh R.Kambe Dental College And Hospital, Akola	12/03/2016	12/03/2020	4 years
Reader/Associate Professor	Dr Rajesh R.Kambe Dental College And Hospital, Akola	13/03/2020	1/07/2020	117 days
	Vyws Dental College And Hospital, Amravati	17/7/2020	Till date	01 years, 04 months, 21 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.	Management of horizontal root fracture:two case report	IOSR Journal of dental and medical science	-
2.	Correlation of clinical and histo-pathological grading to different tobacco chewing habits in children below 14 years.	Contemporary research journal of multidisciplinary science	5
3.	Scanning electron microscopic and dye penetration evaluation of hand instrumentation technique on formation of smear layer in root canal preparation:An in-vitro study	The journal of contemporary dental practice	15
4.	Current trends and recent advances in surface texture of endosseous dental implants: an overview	Saudi journal of oral and dental research	5
5.	Comparative evaluation of compare the efficacy of D race files protaper retreatment files in Mtwo retreatment files in removing filling materials from the root canals and in vitro study	Journal of research and advancement in dentistry	10
6.	Knowledge, attitude and beliefs on single visits vs mult-ivisit endodontics of dental practitioners	International journal of current research and review	15
7.	Effect of ferocity of alcohol on robustness of periodontium: A case control study	Internal journal of dental science and innovative research	15

### DECLARATION

1. I, Dr. **Sagar H.Mohkar** 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 Conservative Dentistry & Endodontics** at **VYWS Dental College And Hospital, Amravati** (name of the college) on all working days, working Hours from **09.00 am to 03.05 pm.**
2. I am working as a **Full Time** /Part 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 **N.A** in the city of **N.A** and my days and hours of practice are **N.A.**
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.