

1. I, **Dr. SWATI AJABRAO CHOREY**
S/o, D/o, **ADV A. T. CHOREY**

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

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3. Residential Address of Faculty:

(a) Present.. **C/O ADV A.T. CHOREY MANGILAL PLOTS CAMP AMRAVATI**

(b) Permanent .. **C/O ADV A.T. CHOREY MANGILAL PLOTS CAMP AMRAVATI**

4. Contact Details: Mobile No. **9970278828** Resi. Tel. No. with STD Code
Email:- **drswati.chorey@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	IJF7212301	2.	Aadhaar Card	
3.	Driving License		3.	Voter ID Card	IJF7212301
4.	Aadhaar Card	XXXXXXXX7630	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. **XXXXXX269D** Certified copy to be enclosed.

*7. Aadhaar Card No. **XXXXXXXX7630** 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.	VYWS DENTAL COLLEGE & HOSPITAL, AMRAVATI	OTHER	1996-97	Dentistry	MSDC, Mumbai	A-6832 Ren.date- 22.01.2021
M.D.S.						
Any Other						

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

9. Present Designation: **Lecturer / Tutor**

10. Name and Postal Address of College/Institution: **VYWS DENTAL COLLEGE & HOSPITAL AMRAVATI TAPOVAN
WADALI ROAD AMRAVATI. PIN 444602**

*11. Present Institute Appointment Order No. **DCA/387/2014** Date **28/06/2014**

*12. Before joining present institution I was working at **M.A. RANGOONWALA DENTAL COLLEGE AND HOSPITAL PUNE** as **Lecturer** and relieved on **14/08/2012** after Resigning/Retiring.

(i) Appointment Order No. **MARDC/APPT/2005-06** & Date **26/12/2005** of the previous appointment:

(ii) Relieving Order No. **MARDC/ADM/BY CAST/06/2014/6122** & Date **26/06/2014**

13. TEACHING EXPERIENCE

Position	Name of Institution	From	To	Total Experience
Tutor				
Lecturer/Asst. Professor	M.A. RANGOONWALA DENTAL COLLEGE AND HOSPITAL PUNE	26-12-2005	14-08-2012	6 YEARS 7 MONTHS 20 DAYS
	VYWS DENTAL COLLEGE & HOSPITAL AMRAVATI	28-06-2014	TILL DATE	7 YEARS 5 MONTH 3 DAYS
Reader/Associate Professor				
Professor				
Dean/Principal				

* Less than one year teaching experience will not be considered. * Use separate box for each Institution.

***14. DETAILS OF PUBLICATIONS:**

S.No.	Title of the Articles	Journal Details	Points
1.	A CASE STUDY OF ORAL HYGINE STATUS AND PREVALENCE DENTAL CARIES AMONG VISUALLY IMPAIRED STUDENTS IN INDIA	IJSMDR	5

DECLARATION

1. I, Dr. **SWATI AJABRAO CHOREY** do hereby give an undertaking that I am working as a full time salaried employee (as per UGC Norms) designated as Lecturer / Tutor in the **Department of Public Health Dentistry** at **VYWS Dental College And Hospital, Amravati** (name of the college) on all working days, working Hours from **09.00am** to **03.00pm**
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.