

1. I, **Dr. TWINKLE DHANRAJ BAJAJ**

S/o, D/o, W/o. **DHANRAJ ANANDRAM BAJAJ**

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

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3. Residential Address of Faculty:

(a) Present **NEAR RAVI RANA HOUSE, SHANKAR NAGAR, RUKHMINI NAGAR, AMRAVATI 444606**

(b) Permanent **NEAR RAVI RANA HOUSE, SHANKAR NAGAR, RUKHMINI NAGAR, AMRAVATI 444606**

4. Contact Details: Mobile No. **9823671499** Resi. Tel. No. with STD Code –  
Email: [twinklebajaj28@gmail.com](mailto:twinklebajaj28@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	xxxxxxxx4150
3.	Driving License	MH27 xxxxxxx7987	3.	Voter ID Card	
4.	Aadhaar Card	xxxxxxxx4150	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. **xxxxxx876C** Certified copy to be enclosed.

\*7. Aadhaar Card No. **xxxxxxxx4150** Certified copies 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.	SHARAD PAWAR DENTAL COLLEGE, WARDHA	DMIMS, NAGPUR	2015 MAY/JUNE	DENTISTRY	MSDC, MUMBAI	A- 33016 Renewal dt. 13.05.2021
M.D.S.	VYWS DENTAL COLLEGE & HOSPITAL, AMRAVATI	MUHS NASHIK	2020 SUMMER	ORTHODONTICS & DENTOFACIAL ORTHOPEDICS	MSDC, MUMBAI	A- 33016 Renewal dt. 13.05.2021
Any Other						

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

9. Present Designation: **Lecturer**

10. Name and Postal Address of College/Institution: **VYWS Dental College & Hospital, Tapovan Wadali-Road, Amravati.444601**

\*11. Present Institute Appointment Order No. **DCA/721/2020** Date **26/12/2020**

\*12. Before joining present institution, I was working at N.A as N.A and relieved on N.A after Resigning/Retiring.

(i) Appointment Order No. N.A & Date N.A of the previous appointment:

(ii) Relieving Order No. N.A & Date N.A

\*13. TEACHING EXPERIENCE\*

Position	Name of Institution	From	To	Total Experience
Tutor				N/A
Lecturer/Asst. Professor	VYWS DENTAL COLLEGE & HOSPITAL, AMRAVATI	26/12/2020	Till date	11 months 5 days
Reader/Associate Professor				
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	Total Points
1.	Review article on:” Hybrid Fixed Functional appliances”	International Journal of Orthodontic Rehabilitation	5	<b>87.5</b>
2.	Original article: Norms for anterior- posterior assessment of jaw relationship in Maharashtra population”.	International Journal of Orthodontic Rehabilitation	5	
3.	Monograph: “Hybrid Fixed Functional appliances”	Lambert publication	10	
4.	Case report: “Orthodontic management of an impacted maxillary first bicuspid due to Odontoma”	Journal of Contemporary Orthodontics	7.5	
5.	Original article: “A new approach in assessment of Sagittal Dysplasia”	International Journal of Dental Science	15	
6.	Accepted article: “Case report: A novel approach in Diagnosis and Treatment of TMJ disorder in growing patients with Functional Jaw orthopedics appliance”	Journal of Clinical Orthodontics	15	
7.	Original article: “Evaluation of awareness and knowledge of orthodontic extraction pattern in patients undergoing orthodontic treatment among the patient’s guardian, general dentist, and oral surgeons: A survey in Central India.”	International Journal of Orthodontic Rehabilitation	5	
8.	Original article: “Change in the Examination pattern in first year MDS- A survey Boon or Bane.”	International Journal of Orthodontic Rehabilitation	5	
9.	Original article: “Need for Assessment of MDS Paper I Examination at the End of the First Year of MDS: A Survey”	Journal of Indian Orthodontic Society	10	
10.	Copyright on “Evaluation of the current scenario of functional jaw orthopedic treatment in general dental practice of Maharashtra - a survey”.	Copyright Office Govt.of India	5	

## DECLARATION

1. I, **Dr. TWINKLE DHANRAJ BAJAJ** do hereby give an undertaking that I am working as a full-time salaried employee (**as per UGC Norms**) designated as **Lecturer** in the Department of **ORTHODONTICS & DENTOFACIAL ORTHOPEDICS** at **VYWS DENTAL COLLEGE & HOSPITAL, AMRAVATI** (name of the college) on all working days, working Hours from **09:00am to 03:05pm.**
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.