

1. I, Dr. **NIKHIL GOPALDAS SONI**  
S/o, **GOPAL RATANLALJI SONI**

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

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3. Residential Address of Faculty:

- (a) Present - **Old Cotton Market Jafferjin Plot Behind Hotel Adarsh Opposite Devisha Apartment Amravati Maharashtra.**  
(b) Permanent - **Old Cotton Market Jafferjin Plot Behind Hotel Adarsh Opposite Devisha Apartment Amravati Maharashtra.**

4. Contact Details: Mobile No- **9545201025** Resi. Tel. No. with STD Code - **0721-2573105**  
Email - [n.soni3105@gmail.com](mailto:n.soni3105@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	XXXXXXXX6323
3.	Driving License		3.	Voter ID Card	
4.	Aadhaar Card	XXXXXXXX6323	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. - **XXXXXX680H** Certified copy to be enclosed.

\*7. Aadhaar Card No. – **XXXXXXXX6323** 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.	V.Y.W.S. DENTAL COLLEGE AND HOSPITAL AMRAVATI MAHARASHTRA	M.U.H.S	2015-AUGUST	BACHELOR OF DENTAL SURGEON	MAHARASHTRA STATE DENTAL COUNCIL	A-33108 26-11-2021
M.D.S.	D.Y.PATIL SCHOOL OF DENTISTRY DENTAL COLLEGE AND HOSPITAL NERUL, NAVIMUMBAI	D.Y. PATIL DEEMED TO BE UNIVERSITY	2020-SEPTEMBER	MASTER IN CONSERVATIVE DENTISTRY AND ENDODONTICS	MAHARASHTRA STATE DENTAL COUNCIL	
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: - **V.Y.W.S Dental College & Hospital, Tapovan Wadali-Road Amravati Maharashtra**

\*11. Present Institute Appointment Order No. - **834/2021** Date- **27.11.2021**

\*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\***

<b>Position</b>	<b>Name of Institution</b>	<b>From</b>	<b>To</b>	<b>Total Experience</b>
Tutor				N/A
Lecturer/Asst. Professor	VYWS Dental College & Hospital, Amravati.	27.11.2021	Till Date	04 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:**

<b>S. No.</b>	<b>Title of the Articles</b>	<b>Journal Details</b>	<b>Points</b>
1.	PREVALENCE AND ETIOLOGY OF TRAUMA TO THE PERMANENT DENTITION IN PATIENTS IN AND AROUND NAVIMUMBAI – A SURVETY	UNDERGOING	

## DECLARATION

1. I, Dr. **Nikhil G. Soni** 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 **Conservative Dentistry & Endodontics** at **VYWS Dental College & Hospital, Amravati**. (name of the college) on all working days, working Hours from **9.00AM** to **03.05 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 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.