

C.V

SELF ATTESTED
RECENT
PHOTOGRAPH

1. I, Dr. **MAHAVIR SANJAY SARNOT**

S/o, D/o, W/o MR SANJAY UTTAMCHAND SARNOT

2. Date of Birth (DD/MM/YYYY): 25-06-1992

3. Residential Address of Faculty:

(a) Present. __, AT- SUYOG MEDICAL, LONI BK, TALUKA: RAHATA

AHMADNAGAR DIST. MAHARASHTRA 413736

(b) Permanent ..__POST:LONI BKI, TALUKA RAHATA

DIST. AHMADNAGAR, MAHARASHTRA 413736

4. Contact Details: Mobile No.8888898539 Resi. Tel. No. with STD Code 02422222739

Email __Mahavirsarnot3339@gmail.com

*6. Pan Card No. __DNDPS7984C_____ Certified copy to be enclosed.

*7. Aadhaar Card No. __631057793044_____ 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.	PRAVARA RURAL DENTAL COLLEGE,LONI	PIMS	DECEMBER 2012		MAHARASHTRA STATE DENTAL COUNCIL	A-33227, 20/03/2023
M.D.S.	PRAVARA RURAL DENTAL COLLEGE,LONI	PIMS	JUNE 2017	CONSERVATIVE DENTISTRY AND ENDODONTICS	MAHARASHTRA STATE DENTAL COUNCIL	A-33227, 20/03/2023

9. Present Designation: ___SENIOR LECTURER

10.Name and Postal Address of College/Institution: ___DEPT. OF CONSERVATIVE DENTISTRY AND ENDODONTICS,

RURAL DENTAL COLLEGE, LONI, PIMS. AHMADNAGAR DIST. MAHARASHTRA 413736*11. Present Institute

Appointment Order No. __RDC: APPOINT:17: 1019___ Date 21/08/2017

13. TEACHING EXPERIENCE

Position	Name of Institution	From	To	Total Experience
Tutor				
Lecturer/Asst. Professor	RURAL DENTAL COLLEGE	21/08/2017	TILL DATE	6years 7 months