



College of Dental Science & Hospital,

K. J. Mehta T. B. Hospital Trust,

At Post: Amargadh, Taluka: Sihor, Dist: Bhavnagar, (Gujarat), Pin: 364210

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Curriculum Vitae

Paste recent
photograph

- Personal Details:

Full Name: Dr. Krutika Chudasama

Date of Birth: 19/01/1992 Age/Sex: 27/Female

Nationality: Indian Marital Status: Single

Aadhar No. 4463 3624 4652 PAN. No: ATRPC1906F

Whether belongs to SC/ST/OBC/ Minority/ Any Other: Open

Full name of Father/Husband: Dilipsinh Ramsinh CHudasama

Occupation of Father/Husband: Pvt. Job

Correspondences Address: 105 vraj Vihar, OPP ajayvadi, Airport road, Shubhash nagar, Bhavnagar.

Permanent Address: 105 vraj Vihar, OPP ajayvadi, Airport road, Shubhash nagar, Bhavnagar.

E Mail Address: krutikachudasama8888@gmail.com

Telephone/Mobile no. 9429945060 / 7016269159

Any Disability (Please Specify) _____

State Council Registration No. A-11691

State: Gujarat

- Present Status:

Position: Senior Lecturer

Department: Conservative Dentistry and Endodontics

- Qualification: (Dip/loma/ Graduation Onwards)

Degree/ Diploma	University	Name of college	Year of	Subject or specialization	Division/ Grade
			Completion		
B.D.S.	Gujarat University	AMC Dental College	2014		
M.D.S.	Gujarat University	Ahmedabad Dental College and Hospital	2019	Conservative Dentistry and Endodontics	

- Work Experience*(Past to Present)

Position Held	Name & Address of Organization	Nature of Job	Duration (From - to)	Total Experience (YY/MM/DD)	Salary drawn

* Refer MDS Regulation 2017

- Details of Scientific Publications*: (Article/ Chapter/ Book)

S. N	Title of Publication	Name of Journal	National/ International	Authorship (1 st , 2 nd)	Vol., Issue Page no	Category*	DCI Points

1. * Refer MDS Regulation 2017. 2. Enclose supporting Documents

- Member of Professional Bodies (if any):

1. _____

2. _____

- Award/Recognition (if any):

1. _____

2. _____

- Work/ Research Thrust Areas: _____

DECLARATION

I declare that all the information and particulars provided by me in these Curriculum vitae are true and correct to the best of my knowledge and belief. I fully understand that if any of the information given above is found to be incorrect or deliberately distorted, my Appointment may be rejected or my Services may be terminated any time without any notice by the Institution.

Updated on: _____

Place: _____ Signature of Staff

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