



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. Shivani Doshi

Date of Birth: 31/05/1993

Age/Sex: 26/Female

Nationality: Indian

Marital Status: Single

Aadhar No. _3339 7604 0173___ PAN. No: EJHPS8035P

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

Full name of Father/Husband: Hitesh Kanubhai Doshi

Occupation of Father/Husband: Retired Govt. Servent

Correspondences Address: plot 1936/b-1/1-2, Nr rupani Diwadi, SHashi prabhu marg Bhavnagar,
364001.

Permanent Address: plot 1936/b-1/1-2, Nr rupani Diwadi, SHashi prabhu marg Bhavnagar, 364001.

E Mail Address: shivanidoshi1993@gmail.com

Telephone/Mobile no. 7016402418 / 0278-2570455

Any Disability (Please Specify) _____

State Council Registration No. A-11160

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.	M.K. Bhavnagar University	College of Dental Science, Amargadh	2015		
M.D.S.	Dharamsinh Desai University	Faculty of Dental Science	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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