

K J Somaiya Medical College, Mumbai

Teacher information sheet

1. Photograph



2.. Name of the Teacher: : Dr. Rahul Shinde

3. Date of birth (dd/mm/yyyy): 24/02/1986

4. Name of the Department: Dental

5. Current post held: Sr. Resident

6. Details of educational qualifications (Add more rows if required)

Qualification	College	University / Affiliating body	Year of passing	Medical Council Registration no. with date	Name of the Medical Council
BDS	Tatyasaheb Kore Dental College & Hospital Kolhapur	MUHS	2010	A – 19028 16/09/2010	Maharashtra State Dental Council
MDS	--	----	----	-----	-----

7. Details of Teaching experience (Add more rows if required)

Designation	Department	Name of the institution	From (dd/mm/yyyy)	To (dd/mm/yyyy)	Experience (Years and months)
Sr. Resident	Dental	K.J. Somaiya Medical College	02.05.2017	Till date	4yrs 2mths

8. Details of research publications (mention in chronologic order as per format used in the 'references' section of research articles. For example: Behera B, Das A, Mathur P, Kapil A, Gadepalli R, Dhawan B. Tigecycline susceptibility report from an Indian tertiary care hospital. Indian J Med Res 2009; 129:446–50.) (Mention your name in **Bold** in the author list).

