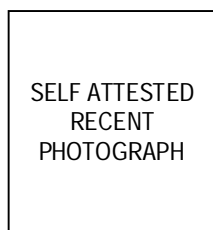


(Appendix – 1)

AFFIDAVIT
(On Non-Judicial Stamp Paper)



1. I, **Dr. POOJA GOPAL LOHIYA**
D/o Mr. GOPAL T.LOHIYA

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

2	9	0	6	1	9	8	6
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3. Residential Address of Faculty:

(a) Present :- **19, NEW VIDARBH HOUSING SOCIETY, IN FRONT OF MALTEKDI, C/O DIPAK GUDADHE, TOPE
NAGAR, AMRAVATI 444601**

(b) Permanent:-**19, NEW VIDARBH HOUSING SOCIETY, IN FRONT OF MALTEKDI, C/O DIPAK GUDADHE, TOPE
NAGAR, AMRAVATI 444601**

4. Contact Details: Mobile No. **9518301571**
Email:- **lohiyapooja29@gmail.com**

Contd/....2

*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	483848550437
3.	Driving License		3.	Voter ID Card	
4.	Aadhaar Card	483848550437	4.	Bill - Electricity / Landline Phone	366470116824
			5.	Regd.Rent Agreement	

Note: - Original Documents are mandatory for verification. All Documents/Certified Translations, must be in English.

*6. Pan Card No. **ARLPL6712C** Certified copy to be enclosed.

*7. Aadhaar Card No. **483848550437** 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	MUHS,NASHIK	2009		MAHARASHTRA	A-19877 30/3/2021
M.D.S.	S.P.D.C AND HOSPITAL,SAWANGI(M)	DMIMS,NAGPUR	2014	ORAL PATHOLOGY	DMIMS,NAGPUR	A-19877 30/3/2021
Any Other	FELLOW IN IHC	DMIMS,NAGPUR	2016	ORAL PATHOLOGY	DMIMS,NAGPUR	A-19877 30/3/2021

*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 AND HOSPITAL,WADALI ROAD,TAPOWAN AMRAVATI,444602**

*11. Present Institute Appointment Order No. **DCA/841/2021** Date:- **29.11.2021**

(Signature of Faculty)

(Signature of Dean /Principal)

*12. Before joining present institution I was working at **S.P.D.C AND HOSPITAL, SAWANGI (MEGHE)** As **SENIOR LECTURER** and relieved on 13/8/16 after Resigning/Retiring.

(i) Appointment Order No. **SPDC/2014-15/836** & Date of the previous appointment **30.05.2014**

(ii) Relieving Order No. **SPDC/2017-18/248** & Date **09.07.2017**

13. TEACHING EXPERIENCE

Position	Name of Institution	From	To	Total Experience
Tutor				N/A
Lecturer/Asst. Professor	S.P.D.C AND HOSPITAL, SAWANGI (MEGHE)	30/5/2014	13/8/2016	2 YEARS 3 MONTHS
	VYWS Dental College & Hospital, Amravati.	29.11.2021	Till date	02 days
Reader/Associate Professor				
Professor				
Dean/Principal				

* Less than one year teaching experience will not be considered. * Use separate box for each Institution.

*14. TOTAL SALARY DRAWN FROM THE COLLEGE IN THE LAST SIX (6) MONTHS

S.No.	Month	Amount Received	Tax Deducted
1.	-	-	-
2.	-	-	-
3.	-	-	-
4.	-	-	-
5.	-	-	-
6.	-	-	-

(Last Six (6) months – Certified Copy of Bank Statement/Pass Book by the bank must be attached)

*15. TDS FOR THE LAST THREE FINANCIAL YEARS:

S.No.	Financial Year	TDS Paid
1.	-	-
2.	-	-
3.	-	-

(Copy of Form 16 generated from TRACES for last three financial years to be attached)

*16. DETAILS OF PUBLICATIONS:

S.N o.	Title of the Articles	Journal Details	Points
1.	Sclerosing mucoepidermoid carcinoma of minor salivary gland.	Contemporary Clinical Dentistry. Oct-Dec 2014.Vol 5(4),564-569.	15
2	Role of mitochondria in progression of cancer: a semi-quantitative study	Int J Res Med Sci. 2014 Nov;2(4),pp 1-5.	10
3	Adenoid cystic carcinoma-Case report.	International journal of clinical and diagnostic research.2016,volume 4(2).	7.5

Note: Submit certified clear Photocopies of all the documents mentioned in Serial No. 5, 6, 7, 8, 11, 12, 14 & 15 along with the Affidavit, Serial No. 13 & 16 to be submitted separately. All copies must be signed by the faculty member and counter signed by the Principal/Dean with date.

(Signature of Faculty)

(Signature of Dean /Principal)

DECLARATION

1. I, **Dr. POOJA GOPAL LOHIYA** 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 **ORAL PATHOLOGY AND MICROBIOLOGY** at **V.Y W.S DENTAL COLLEGE AND HOSPITAL,AMRAVATI** on all working days, working Hours from **9 AM to 3.05 AM.**
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 practicing as Consultant Oral Pathologist in the city of **AMRAVATI** and my days and hours of practice are **FROM 6 PM TO 9 PM.FROM MONDAY TO SATURDAY.**
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.

Date:

(Signature of the Deponent)

This is to certify that the information given by the above deponent is correct and nothing has been concealed and deponent is working in the **ORAL PATHOLOGY AND MICROBIOLOGY** (department) as **Lecturer** (designation) as a full-time teacher in our college and is not engaged in full-time private practice anywhere.

**Signature of Principal of the College
with seal and date**

**Signature of the Chairman of the Trust
with seal and date**

Attestation by Notary Public/Oath Commissioner

CERTIFIED THAT THE DEPONENT

Dr.
S/o, W/o, D/o
Identified by Shri
has solemnly affirmed before me at
on at Sl. No.
that the contents of the affidavit which
have been read and explained to him/her
are true and correct to his/her knowledge.

Signature Notary Public/Oath Commissioner

Counter Signature of the Deponent
(On the day of Inspection)

We have verified all the relevant documents and confirmed that information given are true to our knowledge and the above staff member was present during the inspection.

(Signature of Inspector – 1)

(Signature of Inspector – 2)

Dr. _____

Dr. _____

Date _____

Date _____

[N.B. Please note that making false statement in the affidavit will attract the relevant provisions of the Indian Penal Code etc.]