

AFFIDAVIT
(On Non-Judicial Stamp Paper)

SELF ATTESTED
RECENT
PHOTOGRAPH

1. I, Dr. **Aparna .S. Barabde**
S/o, D/o, W/o **Dr. Shailesh.M.Barabde**

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

0	7	1	1	1	9	6	9
---	---	---	---	---	---	---	---

3. Residential Address of Faculty:

(a)Present:**Geeta,Dr.Barabdehospital,Camproad,Amravati**

(b)Permanent:**Geeta,Dr.Barabdehospital,Camproad,Amravati**

4. Contact Details: Mobile No. **8888854054** Resi. Tel. No. with STD Code **0721-2663920**
Email: draparnabarabde@yahoo.com

*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	IJF7761273	2.	Aadhaar Card	
3.	Driving License		3.	Voter ID Card	IJF7761273
4.	Aadhaar Card	XXXXXXXX8204	4.	Bill – Electricity / Landline Phone	
			5.	Regd.Rent Agreement	

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

*6. Pan Card No. **XXXXXX638J** Certified copy to be enclosed.

*7. Aadhaar Card No. **XXXXXXXX8204** 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.	GDCH,NAGPUR	NAGPUR	Nov,1991	BDS,BACHELOR OF DENTAL SURGERY	MSDC	A-4900 25.01.2021
M.D.S.	GDCH,NAGPUR	NAGPUR	Nov,1996	MDS,PROSTHODONTICS&CROWN &BRIDGE	MSDC	
Any Other						

*Enclosed certified copy of the State Council Registration renewed till date.

9. Present Designation: **Professor & HoD**

10. Name and Postal Address of College/Institution: **VYWS Dental College & Hospital, Tapovan-Wadali Road, Camp, Amravati 444 602**

*11. Present Institute Appointment Order No. DCA/901/05

Date 01.06.2005

(Signature of Faculty)

(Signature of Dean /Principal)

*12. Before joining present institution I was working at C.D.C.R.I. Dental College ,Rajnandgaon. as Professor & HoD and relieved on 30.05.2005 after Resigning/Retiring.

(i) Appointment Order No. C.D.C.R.I./APRIL/50 & Date 24.04.2004 of the previous appointment:

(ii) Relieving Order No. CDCRI/SEPT/01/22 & Date 01.09.2005

13. TEACHING EXPERIENCE

Position	Name of Institution	From	To	Total Experience
Tutor	SPDC,WARDHA	1.12.96	10.2.99	2 YEARS ,2MONTHS
Lecturer/Asst. Professor	V.S.P.M.,NAGPUR	11.2.99	30.11.99	10 MONTHS
Reader/Associate Professor	GDCH, VSPM NAGPUR	01.12.99	16.10.2000	11 MONTHS
	GDCH,NAGPUR (LECTURE+ADDITIONAL CHARGE OF A.P)	17.10.2000	14.4.04	3YEARS,6MONTHS
Professor	CDCRI,RAJNANDGAON(ASSOCIATE PROFESSOR)	21.4.04	19.11.04	7 MONTHS
	CDCRI,RAJNANDGAON(PROFESSOR)	20.11.04	31.5.05	7 MONTHS
	V.Y.W.S DENTAL COLLEGE ,AMRAVATI (PG TEACHER,PROFESSOR,HOD)	01.06.05	TILL DATE	16 YEARS, 06 months,
Dean/Principal				

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

*14. DETAILS OF PUBLICATIONS:

S.No.	Title of the Articles	Journal Details	Points
1.	AN INDIGENOUS DIGITAL INTRAORAL GOTHIC ARCH TARCER-A CASE REPORT	JOURNAL OF INDIAN PROSTHODONTIC SOCIETY	15
2.	HADERBAR ATTACHMENT OVERDENTURE WEARER AN EMG ANALYSIS	JOURNAL OF PIERRE FAUCHARD ACADEMY	15
3.	ORIBTAL PROSTHESIS IN MULTIPLE FACIAL CLEFT (ADAM COMPLEX) SYNDROME	CASE REPORT IN SURGERY HINDWAI PUBLICATION	15

Note: Submit certified clear Photocopies of all the documents mentioned in Serial No. 5, 6, 7, 8, 11, 12, 14 & 15 alongwith 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

DECLARATION

1. I, Dr. **Aparna .S. Barabde** do hereby give an undertaking that I am working as a full time salaried employee (as per **UGC Norms**) designated as **Professor & HoD** in the Department of **Prosthodontics & Crown & Bridge** At **V.Y.W.S. Dental College & Hospital, Amravati.** on all working days, working Hours from 09.00 am to 03.00 pm.
2. I am working as a **Full Time /Part 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 not having private practice anywhere **OR** I am practicing at **Amravati** In The City Of **Amravati** And My Days And Hours Of Practice Are Non Working Evening Hours
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 **Prosthodontics & Crown & Bridge** (department) as **Professor & HoD** (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.]