

AFFIDAVIT
(On Non-Judicial Stamp Paper)

SELF ATTESTED
RECENT
PHOTOGRAPH

1. I, **Dr. Sahili Mungekar (Markandey)**
S/o, D/o, W/o **Dr. Aaditya Markandey**

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

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3. Residential Address of Faculty:

(a) Present..House no. 3, Subhash Colony, Farshi Stop Road, Near Ashirwad pooja samagri shop, Amravati

(b) Permanent .._ **Same as Above.**

4. Contact Details: Mobile No.: **8369231094** Resi. Tel. No. with STD Code --

Email : **sahilimungekar@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		2.	Aadhaar Card	
3.	Driving License	MH0220220021613	3.	Voter ID Card	
4.	Aadhaar Card	XXXXXXXX9134	4.	Bill – Electricity / Landline Phone	366471142811
			5.	Regd.Rent Agreement	

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

*6. Pan Card No. **XXXXXX103K** Certified copy to be enclosed.

*7. Aadhaar Card No. **XXXXXXXX89134** 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.	Terna Dental college and hospital, Navi Mumbai	MUHS	June 2017		MSDC	A- 38376 Renewal Date 07.03.2022
M.D.S.	Bharati Vidyapeeth Dental college and Hospital, Navi Mumbai	Bharati Vidyapeeth University (Deemed)	September 2022	Pediatric and Preventive Dentistry	MSDC	
Any Other						

*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,
Tapovan- Wadali road, Camp Amravati- 444602**

*11. Present Institute Appointment Order No. **DCA/1053/2022** Date: **26/09/2022**

(Signature of Faculty)

(Signature of Dean /Principal)

*12. Before joining present institution I was working at -Fresher__ as ___ and relieved on ____ after Resigning/Retiring.

(i) Appointment Order No. _____ & Date _____ of the previous appointment:

(ii) Relieving Order No. _____ & Date _____

13. TEACHING EXPERIENCE

Position	Name of Institution	From	To	Total Experience
Tutor				N/A
Lecturer/Asst. Professor	V.Y.W.S Dental college and Hospital, Amravati	27/09/2022	Till date	3 days
Reader/Associate Professor				
Professor				
Dean/Principal				

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

DETAILS OF PUBLICATIONS:

S.No.	Title of the Articles	Journal Details	Points
1.	Clinical success of iatrogenic perforation repair using mineral trioxide aggregate and other materials in primary molars : A systemic review and meta-analysis	International journal of clinical pediatric dentistry (PUBMED INDEXED)	15
2.	Re-attachment of hydrated fractured fragment of permanent maxillary central incisor, one of its kind two year follow-up case report.	International journal of applied dental sciences	10
3.	Conservative management of molar incisor hypomineralization using biomimetic material in 9- year - old boy: A case report	Journal of dental research and review (UGC Carelist)	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.

(Signature of Faculty)

(Signature of Dean /Principal)

DECLARATION

1. I, **Dr. Sahili S. Mungekar (Markandey)** 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 Pediatric and Preventive Dentistry at **VYWS Dental College and Hospital, Amravati** on all working days, working Hours from **9 am to 3:05 pm**
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 at **Gandhi Chowk** in the city of **Amravati** and my days and hours of practice are **6 pm to 9 pm**
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 Department of **Pediatric and Preventive Dentistry** as **Lecturer** 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.]