(Appendix – 1)

# AFFIDAVIT

(On Non-Judicial Stamp Paper)

SELF ATTESTED RECENT PHOTOGRAPH

1. I, Dr **M.V. Naphade**
   S/o, **Vishnu Laxman Naphade**

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

| 1 | 1 | 0 | 4 | 1 | 9 | 6 | 8 |
|---|---|---|---|---|---|---|---|

3. Residential Address of Faculty:

   (a) Present **Main Road, Rukhmini Nagar, Near Dr. Lawankar Hospital, Amravati 444 606**
   (b) Permanent **As above**

4. Contact Details: Mobile No. **9823035393** Resi. Tel. No. with STD Code **0721-2671658**
   Email naphademilind@gmail.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 | **XXXXXXXX5114** |
| 3. | Driving License | | 3. | Voter ID Card | |
| 4. | Aadhaar Card | **XXXXXXX5114** | 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. **XXXXXX510Q** Certified copy to be enclosed.

*7. Aadhaar Card No. **XXXXXXXX5114** 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. | **Govt. Dental College & Hospital, Nagpur** | **Nagpur** | **Oct 1989** | **-** | **Mahashtra State Dental Council, Mumbai** | **A-4388 11.01.1990** |
| M.D.S. | **Govt. Dental College & Hospital, Nagpur** | **Nagpur** | **May 1994** | **Oral & maxillofacial Surgery** | **---"---** | **A-4388 04.02.2022** |
| 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: **V.Y.W.S. Dental College & Hospital, Amravati**

*11. Present Institute Appointment Order No. **DCA/Promotion/926/2003 Date 01.01.2003.**

**(Signature of Faculty)** **(Signature of Dean /Principal)**

*12. Before joining present institution I was working at : N.A. (Fresh Joining to this Institution) 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 & Hospital, Amravati** | **01.05.1994** | **30.06.1998** | **4 Yrs.** |
| Reader/Associate Professor | **V.Y.W.S. Dental College & Hospital, Amravati** | **01.07.1998** | **31.12.2002** | **4 Yrs. 6 Mths** |
| Professor | **V.Y.W.S. Dental College & Hospital, Amravati** | **01.01.2003** | **Till Date** | **--** |
| Dean/Principal | -- | -- | -- | -- |

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

*16. DETAILS OF PUBLICATIONS:

**Publications : Dr. M.V. Naphade**

| Sr. no. | Title Of Article / Book | Journal Details | Points |
|---|---|---|---|
| 1 | Aberrant Salivary Gland : Case Report | Offical Journal Of Ida Msb Dental Dialogue 2010<br>Volume No. Xxvi, Issue No.: 3, Page No.: 145 - 146 | 5 |
| 2 | Major Immunoglobulin Status And Lactate Dehydrogenase Isoenzyme Profile In Oral Premalignancy And Malignancy | Offical Journal Of Ida Msb Dental Dialogue 2011<br>Volume No. Xxxvii, Issue No.: 1, Page No.: 16 - 20 | 10 |
| 3 | An Endo-Aesthetic Management Of Crown Dilacerations In A Permanenet Mandibular Cental Incisor | British Medical Journal 2013<br>Volume No. 9756, Issue No.: 10, Page No.: 43922 | 7.5 |
| 4 | Central Giant Cell Granuloma Of Mandible-A Case Report | Heal Talk 2013<br>Volume No. 6, Issue No.: 1, Page No.: 44082 | 10 |
| 5 | Osteosarcoma: A Recurrence Case | Heal Talk 2013<br>Volume No. 6, Issue No.: 1, Page No.: 44018 | 5 |
| 6 | Efficacy Of Peripheral Alcohol Block In Tigeminal Neuralgia: A Pilot Study | Journal Of Interdisciplinary Dental Sciences 2013<br>Volume No. 2, Issue No.: 2, Page No.: 44080 | 5 |
| 7 | Maintenance Of Increased Mouth Opening In Oral Submucous Fibrosis Patient Treated With Nasolabial Flap Technique | Case Reports In Dentistry 2014<br>Volume No. 2014, Issue No.: 842578, Page No.: 43922 | 15 |
| 8 | Soft Tissue Lasers In Oral And Maxillofacial Surgery-Demystfied | International Journal Of Science For Medical And Dental Research 2014<br>Volume No. 1, Issue No.: 1, Page No.: 24 - 29 | 10 |
| 9 | Cutaneous Fistula Of Odontogenic Origin Treated Surgically Using A Novel Shoe Polishing Technique | International Journal Of Science For Medical And Dental Research 2014<br>Volume No. 1, Issue No.: 1, Page No.: 43952 | 5 |
| 10 | Surgical Enucleation Of An Infected Maxillary Radicular Cyst With Associated Infraorbital Space Infection: A Case Report | International Journal Of Science For Medical And Dental Research 2014<br>Volume No. 1, Issue No.: 1, Page No.: 41548 | 5 |
| 11 | Management Of Oral Submucous Fibrosis With Buccal Fat Pad Technique;A Case Report | Journal Of Interdisciplinary Dental Sciences 2014<br>Volume No. 3, Issue No.: 1, Page No.: 16 - 19 | 15 |
| 12 | Role Of Dentist In Child Abuse And Neglect;An Indian Perspective | Int J Dent Med Res 2015<br>Volume No. 1, Issue No.: 6, Page No.: 224 - 225 | 5 |
| 13 | Reliability Of Colposcopic Descriptive Appearencesin Oral Precancers-A Clinicopatho Colposcopic Study | International Journal Of Basic And Applied Medical Sciences 2015<br>Volume No. 5, Issue No.: 2, Page No.: 41730 | 7.5 |
| 14 | Use Of Mineral Trioxide Aggregate In Paediatric Dentristry:A Review | European Journal Of Biomedicaland Pharmceutical Sciences 2015<br>Volume No. 2, Issue No.: 2, Page No.: 338 - 343 | 7.5 |

**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. M.V. Naphade** do hereby give an undertaking that I am working as a full time salaried employee (**as per UGC Norms**) designated as Professor in the Department of Oral & Maxillofacial Surgery at V.Y.W.S. Dental College & Hospital, Amravati (name of the college) on all working days, working Hours from 09.00 a.m. to 03.05 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 **Rukhmini Nagar,** in the city of Amravati and my days and hours of practice are **06.00 p.m. to 09.00 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 Oral & Maxillofacial Surgery (department) as Professor (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 Trust with seal and date**

**Signature of the Chairman of the 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**

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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)

Dr. _____

_____

Date _____

(Signature of Inspector – 2)

Dr.

Date _____

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