(Appendix – 1)

AFFIDAVIT

(On Non-Judicial Stamp Paper)

SELF ATTESTED RECENT PHOTOGRAPH

1. I, Dr. **RAJESH VASANT GONDHALEKAR**

   S/o, **VASANT NARAYAN GAONDHALEKAR**

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

2	0	0	4	1	9	7	0

3. Residential Address of Faculty:

   (a) Present **2nd Lane Radha Nagar Shivaji Nagar P.O., Amravati - 444603**

   (b) Permanent **2nd Lane Radha Nagar Shivaji Nagar P.O., Amravati - 444603**

4. Contact Details: Mobile No **9423124122** Resi. Tel. No. with STD Code **0721 2552700**
   Email : rajalpana94@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	**IJF7197734**	2.	Aadhaar Card	**XXXXXXXX5653**
3.	Driving License	**MH27/20070000349**	3.	Voter ID Card	**IJF7197734**
4.	Aadhaar Card	**XXXXXXXX5653**	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. **XXXXXX506E** Certified copy to be enclosed.

*7. Aadhaar Card No. **XXXXXXXX5653** 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	May 1991	----	MSDC	A-4683
M.D.S.	Govt. Dental College & Hospital,Nagpur	Nagpur	May 1994	Oral Pathology & Microbiology	MSDC	A-4683 (Dt. 02.01.2022)
Any Other	D.Pharm	Maharashtra Tech. Board	1987	----	----	----

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

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

10. Name and Postal Address of College/Institution: **V.Y.W.S. Dental College & Hospital, Tapowan-Wadali Road, Camp, Amravati**

*11. Present Institute Appointment Order No. १३०५/ दमवि/४५७ Date :- २७.०७.२०१८

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

*12. Before joining present institution I was working at **Rungta College of Dental Science & Research, Bhilai (C.G.)**

As Professor & HoD and relieved on **31.03.2014** after Resigning/Retiring.

(i)Appointment Order No. **RCDSR/1/11/589A** & Date **22.01..2011** of the previous appointment:

(ii) Relieving Order No. **RCDSR/Admin/14/1056 A** & Date **31.03.2014**

13. TEACHING EXPERIENCE **Attached**

Position	Name of Institution	From	To	Total Experience
Tutor				
Lecturer/Asst. Professor	**VYWS's Dental College & Hospital, Amravati**	**06/05/1994**	**24/07/1998**	**4 Yr 2 Mt 18 days**
Reader/Associate Professor	**VYWS's Dental College & Hospital, Amravati**	**25/07/1998**	**27/02/1999**	**7 Mt 2 days**
	J.G. Dental College & Hospital, Akola	**01/03/1999**	**31/05/1999**	**3 Mt.**
	Himachal Dental College, Sundernagar	**01/06/1999**	**31/03/2001**	**1 Yr 9 Mt**
	U.P. Dental College, Lucknow.	**03/04/2001**	**06/09/2002**	**1 Yr 4 Mt 27 days**
	S.P.Dental College, Sawangi	**07/10/2002**	**31/07/2003**	**9 Mt 24 days**
Professor	**S.P.Dental College, Sawangi**	**01/08/2003**	**09/05/2005**	**1 Yr 9 Mt 8 days**
	VYWS's Dental College & Hospital, Amravati	**10/05/2005**	**12/02/2008**	**2 Yr 9 Mt 2 days**
	U.P. Dental College, Lucknow.	**13/02/2008**	**30/11/2010**	**2 Yr 9 Mt 17 days**
	Rungta College of Dental Science & Research, Bhilai	**21/01/2011**	**31/03/2014**	**3 yr 3 Mt 9 days**
	VYWS's Dental College & Hospital, Amravati	**09/04/2014**	**31/07/2018**	**4 Yrs 3 Mt 22 days**
Dean/Principal	**VYWS's Dental College & Hospital, Amravati**	**01/08/2018**	**Till date (31/07/2022)**	

* 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.	Pathogenesis of Oral lichen Planus : A Review,	JOPM (2010) 39 : 729-734	**7.5**
2	X ray Diffractometric& Elemental Analysis of Sialolith, Dental Calculus &Odontome, ;	JIAOMR ; Volume 23, No 4, October-December 2011; 518-520	**15**
3	Dental Health Amongst 11-15 Year Old Children in Sewagram, Maharashtra ,	IJDR, Vol. 5 , Apr- June 1994, 65	**7.5**
4	Faculty Training & development;	APDC : Commission on Dental Education 1996, Mumbai	**7.5**
5	Oral lesions in Pan vendors of Nagpur,	JIDA, Vol 71, Sept 2000, 227	**5**
6	Assessing knowledge of dental diseases Among final year student of medical, Homeopathic &Ayurvedic Colleges,	Dentistry Today	**-**
7	Hydatid Cysts of maxillary region,	JIDA, Vol 66, 1995 Apr, 112	**2.5**
8	Aberrent salivary Gland : Case report ;	Dental Dialogue Vol. XXXVI No 3 July Sept 2010 , 145-146	**5**
9	Oral Hygiene status & Caries Prevalence among School going Children of Amravati,	Jou of Oral Sciences, Vol. 1, June 2010	**-**
10	Effect of Artificial Saliva in Radiation induced Mucositis ;	Dental dialogue :Vol XXXVII No 4 Oct-Dec 2011, 153-154.	**2.5**
11	Prevalence of Dental Caries and Oral Hygiene status Among School going Children : An Epidemiological Study;	Journal of Contemporary Dental Practice , July-August 2013 14	**7.5**
12	A study of lip prints and its reliability as a forensic tool. ;	National Journal Maxillofacial Surgery 2015;6:25-30	**15**
13	Dental Occlussion among school going children of Maharashtra ;	Journal of International Oral Health : 2014; 6 (4) : 53-55,	**7.5**
14	Hybrid odontogenic lesion of the Mandible: A rare case report with literature Review ;	International Journal of Oral Medical Science : Vol.12 (2013) No, 4 P 245-250	**7.5**
15	Evaluation Of Collagen In Ameloblastoma, OdontogenicKeratocyst, Dentigerous Cyst, And Radicular Cyst: A Study Of Polarization Colours Of Collagen Stained By PicrosiriusRed ;	J Clin Den Res Edu • July - September 2014, 11-19	**7.5**
16	A case Report of Papillon Lefevre Syndrome,	Dental Dialogue, Vol. XXXXIVnO.2, April-June 2018	**2**
17	Significance of artificial saliva in patients with dyaphagia		**2.5**
18	Oral Melanoma : Literature Review with Two Case Reports	Indian Journal of Research vol.10 Issue-02(February 2021)	
	Total	**107.5**	

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. Rajesh Vasant Gondhalekar** do hereby give an undertaking that I am working as a full time salaried employee (**as per UGC Norms**) designated as **Dean, Professor & HoD** in the Department of **Oral Pathology & Microbiology** at**V.Y.W.S.Dental College & Hospital, Amravati**(name of the college) on all working days, working Hours from **09:00 am** to **03:05 pm**. (Monday to Saturday)

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 7.00 p.m. to 9.00 p.m.

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 Oral Pathology & Microbiology** (department) as **Dean, 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)

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.]