

AFFIDAVIT
(On Non-Judicial Stamp Paper)

SELF ATTESTED
RECENT
PHOTOGRAPH

1. I, Dr. **MRS RAJASHREE RAJESH GONDHALEKAR**
D/o, Dr.Yashwant Ambadas Patki

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

2	4	1	2	1	9	6	9
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3. Residential Address of Faculty:

(a) Present **2nd Lane Radhanagar Shivajinagar P.O., Amravati - 444603**

(b) Permanent **2nd Lane Radhanagar Shivajinagar P.O., Amravati - 444603**

4. Contact Details: Mobile No **9422857925** Resi. Tel. No. with STD Code 0721 2552700

Email : **alpanaraj94@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	XXXXXXXX9130
3.	Driving License		3.	Voter ID Card	
4.	Aadhaar Card	XXXXXXXX9130	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. **XXXXXX361P** Certified copy to be enclosed.

*7. Aadhaar Card No. **XXXXXXXX9130** 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-4960
M.D.S.	Govt. Dental College & Hospital, Nagpur	Nagpur	May 1997	Oral & Maxillofacial Surgery	MSDC	A-4960 (Dt.02.01.2022)
Any Other						

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

9. Present Designation: **Professor**

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

*11. Present Institute Appointment Order No **DCA/Esst/36-2006** Date: **04.05.2006**

(Signature of Faculty)

(Signature of Dean /Principal)

*12. Before joining present institution I was working at **SPDC, Sawangi Meghe, Wardha As Asso. Professor and relieved on 09.05.2005** after Resigning/Retiring.

(i) Appointment Order No. **SPDC/2004-05/217 & Date 01.04.2004** of the previous appointment:

(ii) Relieving Order No. **SPDC/05-06/208-A & Date 09.05.2005**

13. TEACHING EXPERIENCE

Position	Name of Institution	From	To	Total Experience
Tutor	Dr. PDM Medical College, Amravati	04.07.1997	16.12.1999	2 Y. 5 M.
Lecturer/Asst. Professor	SPDC, SawangiMeghe, Wardha	31.09.2000	31.03.2001	6 M
Reader/Associate Professor	SPDC, SawangiMeghe, Wardha SPDC, SawangiMeghe, Wardha VYWS Dental College Amravati	01.04.2001 01.04.2004 10.05.2005	31.03.2004 09.05.2005 02.04.2006	3 Y 1 Y 1 M 11 M
Professor	VYWS Dental College Amravati	03.04.2006	Till Date	--
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	X ray Diffractometric & Elemental Analysis of Sialolith, Dental Calculus & Odontome,	JIAOMR ; Volume 23, No 4, October-December 2011; 518-520	7.5
2	Assessing knowledge of dental diseases Among final year student of medical, Homeopathic & Ayurvedic Colleges,	Dentistry Today	2.5
3	Aberrent salivary Gland : Case report	Dental Dialogue Vol. XXXVI No 3 July Sept 2010 , 145-146	5
4	Oral Hygiene status & Caries Prevalence among School going Children of Amravati,	Journal of Oral Sciences, Vol. 1, June 2010	2.5
5	Dental Occlusion among school going children of Maharashtra ;	Journal of International Oral Health : 2014; 6 (4) : 53-55,	2.5
6	Assessment of risk factors for orodental injuries to occur during General Anaesthesia and measures taken by anaesthesiologists to prevent them.;	Journal Of International Oral Health 2015;7970:1-3	7.5
7	Effects Of Tongue Cleaning methods and Oral Mutans Streptococci Level	Journal of Contemporary Dental Practice, Jan-Feb 2013;14(1):1-4	15
8	A novel approach in management of lateral luxation of primary tooth. British	Medical Journal case report 2013doi:10.1136/bcr-2012-007984	7.5
9	Adenoameloblastoma; A dilemma in diagnosis.	Journal Of Contemporary Dental Practice, Nov-Dec 2012;13(6):925-929	7.5
10	Delayed vs Immediate Implant Loading : A Comparative Clinical & Radiological Study ;	International Journal of Current Advanced Research Vol 7, 8(C) August 2018, 14762-14771.	7.5
11	Management of Oral Submucous Fibrosis with buccal fat pad technique a case report.	; Journal of Interdisciplinary Dental Sciences Jan-Jun 2014; Vol – 3(1)	2.5
12	W-Arch an effective, economic Maxillary expansion appliance in Cleft Palate cases. ;	Dental Dialogue-Oct-Dec 2011; Vol 37(4) 160-161	2.5
13	Premalignant lesion-Occupational hazard. Prevalence in pan vendors of Amravati. ;	Journal of Dental Sciences Sept 2010 vol.2 ; 5-6	2.5
14	Surgical Management of Stafney Bone Defect-	A case report International J. Of Current Advanced Research Vol. 9, Issue 12 , December 2020	7.5
15	Oral Melanoma : Literature Review with Two Case	Indian Journal of Research vol.10 Issue-02(February 2021)	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. Rajashree R. Gondhalekar 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 am 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 **Gadge Nagar** in the city of **Amravati** and my days and hours of practice are **06:00pm to 09:00pm**.
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 & 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

**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.]

Dr Mrs Rajashree Rajesh Gondhalekar List of Publications as on 30.11.2021

S.No.	Title of the Articles	Journal Details	Points
1	X ray Diffractometric& Elemental Analysis of Sialolith, Dental Calculus &Odontome,	JIAOMR ; Volume 23, No 4, October-December 2011; 518-520	7.5
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