(Appendix – 1)

AFFIDAVIT

(On Non-Judicial Stamp Paper)

SELF ATTESTED RECENT PHOTOGRAPH

1. I, Dr. **BRAJESH DAMMANI**
   S/o, **GOVINDDAS DAMMANI**

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

1	8	0	1	1	9	8	2

3. Residential Address of Faculty:
   (a) Present.. **GOKUL CAMP ROAD NEAR VIDYABHARTI COLLEGE KESHAV COLONY AMRAVATI 444602**
   (b) Permanent ..**GOKUL CAMP ROAD NEAR VIDYABHARTI COLLEGE KESHAV COLONY AMRAVATI 444602**

4. Contact Details: Mobile No. **9422156370** Resi. Tel. No. with STD Code **0721-2666611/22**
   Email_drdammanibrajesh@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	**IJF3518131**	2.	Aadhaar Card	**XXXXXXXX3263**
3.	Driving License	**MH2719990037947**	3.	Voter ID Card	**IJF3518131**
4.	Aadhaar Card	**XXXXXXXX3263**	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. **XXXXXX180K** Certified copy to be enclosed.

*7. Aadhaar Card No. **XXXXXXXX3263** 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.	**JAMANLAL GOENKA DENTAL COIJ..EGE & HOSPITAL, AKOLA**	**MUHS**	**2004**		**MAHARASHTRA**	**A-11283 Renewal dt. 1/1/2021**
M.D.S.	**D.Y.PATIL ,PUNE**	**UNIVERSITY OF PUNE**	**2008**	**Prosthodontics & crown & Bridge**	**MAHARASHTRA**	**A-11283**
PhD Scholar	**VYWS DENTAL COLLEGE AND HOSPITAL ,AMRAVATI**	**MUHS**	**2021**		**MAHARASHTRA**	

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

9. Present Designation: **Professor**

10. Name and Postal Address of College/Institution: **VYWS DENTAL COLLEGE AND HOSPITAL AMRAVATI**

*11. Present Institute Appointment Order No. **DCA/ESstt/364/2021** Date **06/08/2021**

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

*12. Before joining present institution I was working at D**R. HEGDEWAR SMRUTI RUGNA SEVA MANDALS DENTAL COLLEGE AND HOSPITAL HINGOLI** as __**READER** and relieved on __**31/07/2021** _after Resigning/Retiring.

(i) Appointment Order No **HDCH/Appt/2016-17/982-A** & Date **1/3/2017** of the previous appointment:

(ii) Relieving Order No. _**REF./HDCH/EXP.CERTI./2021/161**_ & Date___**31/07/2021**

13. TEACHING EXPERIENCE

Position	Name of Institution	From	To	Total Experience
Sr. Lecturer	**J.G.D.C.& H ,DENTAL COLLEGE AKOLA**	**01/07/2008**	**30/10/2012**	**4.4 YEARS**
READER	**GEETANJALI DENTAL AND RESEARCH INSTITUTE ,UDAIPUR**	**28/03/2014**	**31/3/2015**	**1 YEAR**
Reader	**RAMA DENTAL COLLEGE KANPUR**	**01/04/2015**	**31/07/2016**	**1.3 YEAR**
READER	**DR. HEGDEWAR SMRUTI RUGNA SEVA MANDALS DENTAL COLLEGE AND HOSPITAL HINGOLI**	**01/03/2017**	**31/07/2021**	**4.4 YEAR**
PROFFESSOR	**V.Y.W.S.DENTAL COLLEGE &HOSPITAL ,AMRAVATI**	**01/10/2021**	**Till date**	**02 months**

***** 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.	Liquid- supported denture: A Gentle option	The Journal of Indian Prosthodontic Society (Vol. 7, Issue 1)	15
2.	IRRIGATION IN ENDODONTICS	Indian Dental Association Amravati Branch	05
3.	Various Methods Of Occlusal Plane Analysis- A Review	BUJOD (Vol. 4, Issue 3)	05
4.	Comparative Evaluation Of Wear Of Indirect Resin Composites With Human Enamel	Journal Of International Oral Health [8(10): 958- 963]	10
5.	Most Neglected Yet Important In Clinical Practice “Denture Adhesive” A Review	Dental Probe Journal [Vol. 17 (3)]	05
6.	Evaluation Of Chronic Inflammatory Periapical Lesions Among The Known Population	Journal Of Research And Advancement In Dentistry (2s: 88-90)	10
7.	Correlation Of Oral Health Status And Stress- A Cross- Sectional Study	IOSR Journal Of Dental And Medical Sciences (Vol. 18, Issue 5)	15
8.	Comparative Evaluation Of Pressure Generated On A Simulated Maxillary Edentulous Model While Making Final Impression With Special Trays Of Different Spacer Design Using Two Impression Materials- An In Vitro Study	International Journal Of Dental Science And Innovative Research (IJDSIR) (Vol. 4, Issue 4)	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. _BRAJESH DAMMANI do hereby give an undertaking that I am working as a full time salared employee (**as per UGC Norms**) designated as **Professor** in the Department of **Prosthodontics & Crown & Bridge** at **Vyws Dental College And Hospital, Amravati**. (name of the college) on all working days, working Hours from **9:00 AM to 3:05 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 **N.A** in the city of **N.A.**and my days and hours of practice are **N.A**

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** (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.]