(Appendix – 1)

AFFIDAVIT

(On Non-Judicial Stamp Paper)

SELF ATTESTED RECENT PHOTOGRAPH

1. I, **Dr. Vrushali Ramdas Khobragade**
   S/o, **D/o, Ramdas S. Khobragade**

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

1	8	0	3	1	9	9	1

3. Residential Address of Faculty:

   (a) Present : **Plot Number 7A, Medical Colony, Arjun Nagar, Nagpur Road, Amravati, 444603.**
   (b) Permanent : **Plot Number 7A, Medical Colony, Arjun Nagar, Nagpur Road, Amravati, 444603.**

4. Contact Details: Mobile No. **7020185738** Resi. Tel. No. with STD Code
   Email : **vrushalikhobragade443@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	**IJF7366131**	2.	Aadhaar Card	**XXXXXXXX4338**
3.	Driving License		3.	Voter ID Card	**IJF7366131**
4.	Aadhaar Card	**XXXXXXXX4338**	4.	Bill – Electricity / Landline Phone	**366470740609**
			5.	Regd.Rent Agreement	

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

*6. Pan Card No. **XXXXXX089R** Certified copy to be enclosed.

*7. Aadhaar Card No. **XXXXXXX4338** 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.	**VYWS Dental College and Hospital, Amravati**	**MUHS, Nashik**	**August,2013**	**BDS**	**Maharashtra University of Health Sciences**	**A-28467 Renewal Date 06.02.2021**
M.D.S.	**ACPM Dental College and Hospital, Dhule**	**MUHS, Nashik**	**August,2019**	**PHD**	**Maharashtra University of Health Sciences**	**A-28467 Renewal Date 06.02.2021**
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: **VYWS Dental College and Hospital, Tapovan Wadali Road, Amravati**

*11. Present Institute Appointment Order No. **DCA/APP/1562/2020** Dt. **14.02.2020**

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

*12. Before joining present institution I was working at **Dr. RRK Dental College and Hospital, Akola** as **Lecturer** and relieved on **13/2/2020** after Resigning/Retiring.

(i) Appointment Order No. **RRKDC&H/4787/201** & Date. **21/9/2019** of the previous appointment:

(ii) Relieving Order No. **RRKDC&H/5200/2020** & Date **13/2/2020**

13. TEACHING EXPERIENCE

Position	Name of Institution	From	To	Total Experience
Tutor				**N/A**
Lecturer/Asst. Professor	**1) Dr. RRK Dental College and Hospital, Akola**	**21/9/2019**	**13/2/2020**	**4 Months and 23 Days.**
	2) VYWS Dental College and Hospital, Amravati	**14/2/2020**	**Till date**	**1Year, 9Months and 11 Days.**
Reader/Associate Professor				
Professor				
Dean/Principal				

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

16. DETAILS OF PUBLICATIONS:

S.No.	Title of the Articles	Journal Details	Points
1.	Comparative Evaluation of Indigenous Herbal Mouthwash with 0.2% Chlorhexidine Gluconate Mouthwash in Prevention of Plaque and Gingivitis: A Clinico-Microbiological Study	Journal of Indian Association of Public Health Dentistry	15
2.	Antibacterial activity of garlic extract on cariogenic bacteria: An in vitro study.	AYU	15
3.	Patterns of Mobile Phone use and Self-reported Health Problems among Adults Visiting a Private Dental Institute	International Journal of Scientific Study	5
4.	Effectiveness of Sodium Bicarbonate Solution on Dentinal Hypersensitivity: A Randomized Controlled Trial	International Journal of Medical and Oral Research	5
5.	COVID-19 and Diabetes Mellitus	International Journal of Medical and Oral Research	2.5
6.	A book on “Lifestyle and oral health”	LAP	10
7.	Comparative evaluation of webinar, powerpoint presentation and lecture as oral health educational interventions among school children: a randomized controlled trial.	Health Education Research	15
8.	Comparative assessment of Antibacterial efficacy of commercially available different dental gels: an invitro study	Reviews on recent clinical trials	15
9.	“Oral health status of mothers according to different personality traits and influence on their child’s oral health: an in vivo cross sectional survey.”	International Journal of Clinical Pediatric Dentistry	15 (Accepted)
10.	A review of the current literature of the herbal mouthwash on management of oral diseases.	Journal of oral health and community dentistry	5

11.	Antihypertensives and COVID-19: a narrative review	Journal CleanWas	5
12.	Impact of COVID-19 on dentistry	International Journal of Clinical Pediatric Dentistry	15
13.	Teledentistry: A new horizon in COVID-19 pandemic for oral health	International Journal of Clinical Pediatric Dentistry	15
14.	Impact of COVID-19 on Mental Health: An Overview	Reviews on recent clinical trials	15

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. Vrushali Ramdas Khobragade** 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 Public Health Dentistry** at **V.Y.W.S Dental College & 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** 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.

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 Public Health Dentistry** (department) as **Lecturer** (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 Trustwith 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)

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.]