

AFFIDAVIT

(On Non-Judicial Stamp Paper)

SELF ATTESTED
RECENT
PHOTOGRAPH1. I, **DR. BHAGYASHRI RAM THOMBARE**D/o **Prof. Dr. RAM UPASRAO THOMBARE**

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

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3. Residential Address of Faculty:

(a) Present:- **GIRJA MAHAL, SHRIKRISHNA PETH, IRWIN SQUARE, Amravati Maharashtra 444601**(b) Permanent:- **GIRJA MAHAL, SHRIKRISHNA PETH, IRWIN SQUARE Amravati Maharashtra 444601**4. Contact Details: Mobile No: 7507693960 / 9356076012 Resi. Tel. No. 0721-2664004 with STD CodeEmail: bchimote@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	IJF9581398	2.	Aadhaar Card	XXXXXXXX 6238
3.	Driving License		3.	Voter ID Card	IJF9581398
4.	Aadhaar Card	XXXXXXXX 6238	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.: **XXXXXX146Q** Certified copy to be enclosed.*7. Aadhaar Card No.: **XXXX XXXX 6238** 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.	V.Y.W.S Dental college and hospital, Amravati	MUHS, NASHIK	MAY 2004	BDS	MAHARASHTRA STATE DENTAL COUNCIL	A-12082
M.D.S.	Shrad Pawar Dental College, Sawangi Meghe, Wardha.	DMIMS(DU), WARDHA	MAY 2013	PROSTHODONTICS, CROWN AND BRIDGE AND IMLANTAOLOGY	MAHARASHTRA STATE DENTAL COUNCIL	A-12082 (Renewal Dt. 8/01/2021)
Any Other						

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

9. Present Designation: **READER**10. Name and Postal Address of College/Institution: **VYWS DENTAL COLLEGE & HOSPITAL, Tapovan – Wadali**
Road, Camp, Amravati 444602.*11. Present Institute Appointment Order No. : **DCA/295/2013**Date : **03/07/2013**

*12. Before joining present institution, I was working at N.A as N.A and relieved on N.A after Resigning/Retiring.

(i) Appointment Order No. N.A & Date N.A of the previous appointment:

(ii) Relieving Order No. N.A & Date N.A

13. TEACHING EXPERIENCE

Position	Name of Institution	From	To	Total Experience
Tutor				
Lecturer/Asst. Professor	VYWS DENTAL COLLEGE & HOSPITAL, Tapovan – Wadali Road, Camp, Amravati 444602	03/07/2013	31/07/2017	4 YEARS 27 DAYS
Reader/Associate Professor	VYWS DENTAL COLLEGE & HOSPITAL, Tapovan – Wadali Road, Camp, Amravati 444602	03/08/2017	TILL DATE	04 years, 04 months, 28 days
Professor				
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.	SEPARATE LIST ATTACHED		

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. **BHAGYASHRI R. THOMBARE** do hereby give an undertaking that I am working as a full time salaried employee (**as per UGC Norms**) designated as **READER** in the Department of **Prosthodontics And Crown And Bridge** at **VYWS Dental College & Hospital, Amravati.** (name of the college) on all working days, working Hours from **9.00AM** 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 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 Department Of Prosthodontics And Crown And Bridge (department) as Reader (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)

(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.]