(Appendix – 1)

AFFIDAVIT

(On Non-Judicial Stamp Paper)

SELF ATTESTED
RECENT
PHOTOGRAPH

1. I, **Dr. Bhushan Ganeshrao Wankhade**
   S/o, **Ganeshrao K. Wankhade**

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

1	**5**	**0**	**2**	**1**	**9**	**8**	**5**

3. Residential Address of Faculty:

   (a) Present.. **C/o Ganesh Sable, New Chhangani nagar, Near Ravi nagar, Amravati.444602**

   (b) Permanent .. **S/o Seema Ganeshrao Wankhade, Aayama colony , Ashti, Tah. Ashti, dist wardha.442202**

4. Contact Details: Mobile No. **9503213666** Resi. Tel. No. with STD Code
   Email **drbhushanfeb@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	**XXXXXXXX3731**
3.	Driving License		3.	Voter ID Card	
4.	Aadhaar Card	**XXXXXXXX3731**	4.	Bill – Electricity / Landline Phone	**366473150730**
			5.	Regd.Rent Agreement	

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

*6. Pan Card No. **XXXXXX576C** Certified copy to be enclosed.

*7. Aadhaar Card No. **XXXXXXXX3731** 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, Amravati**	**MUHS, Nashik**	**2008**	**BDS**	**MSDC**	**A-15925 Renewal Dt. 05.03.2021**
M.D.S.	**KVG Dental College,Sullia, Karnataka**	**RGUHS, Nashik**	**2014**	**MDS PROSTHODONTICS**	**MSDC**	**A-15925 Renewal Dt. 05.03.2021**
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, Amravati**

*11. Present Institute Appointment Order No. **DCA/ESTT/850/2018** Date **06.08.2018**

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

*12. Before joining present institution I was working at **HSRSM Dental college, Hingoli** as **LECTURER** and relieved on **30/06/2015** _after Resigning.

(i) Appointment Order No. **HDCH/APPT.2014-15/102** _& Date **09.04.2015** of the previous appointment:

(ii) Relieving Order No. **HDCH/EXP/REL/2015-16/183/A** & Date **09.07.2015**

13. TEACHING EXPERIENCE

Position	Name of Institution	From	To	Total Experience
Tutor				**N/A**
Lecturer/Asst. Professor	**1) YOGITA DCH KHED** **2) HSRSM DCH HINGOLI** **3) VYWS Dental college, Amravati**	**01/08/2014** **09/04/2015** **1/07/2015**	**07/04/2015** **30/06/2015** **5/08/2018**	**8 MONTHS** **2MONTHS** **3 YEARS** **1 MONTH 4 days**
Reader/Associate Professor	**3) VYWS Dental college, Amravati**	**06/08/2018**	**Till Date**	**03 YEAR** **03 MONTHS** **25 days**
Professor				
Dean/Principal				

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

*14. TOTAL SALARY DRAWN FROM THE COLLEGE IN THE LAST SIX (6) MONTHS

S.No.	Month	Amount Received	Tax Deducted
1.	**March 2021**	**27415**	**8000**
2.	**April 2021**	**15522**	**8000**
3.	**May 2021**	**15522**	**--**
4.	**June 2021**	**15709**	**--**
5.	**July 2021**	**20065**	**1000**
6.	**August 2021**	**18167**	**1000**

(Last Six (6) months – Certified Copy of Bank Statement/Pass Book by the bank must be attached)

*15. TDS FOR THE LAST THREE FINANCIAL YEARS:

S.No.	Financial Year	TDS Paid
1.	**2018 – 2019**	**30,000**
2.	**2019 – 2020**	**25,000**
3.	**2020 – 2021**	**64,500**

(Copy of Form 16 generated from TRACES for last three financial years to be attached)

*16. DETAILS OF PUBLICATIONS:

S.No.	Title of the Articles	Journal Details	Points
1.	A Simple Technique to Fabricate a Facial Moulage with a Prefabricated Acrylic Stock Tray: A Clinical Innovation	a) J Indian Prosthodont Soc	7.5
2	Interforaminal hemorrhage during anterior mandibular implant placement: An overview	a) Dent Res J (Isfahan).	15
3	an in-vitro study to compare the dimensional stability and surface hardness of elastomeric bite registration materials at various time intervals	***International Journal of Current Research***	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. BHUSHAN G WANKHADE 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 & CROWN & BRIDGE** at **VYWS Dental College & Hospoital, Amravati** (name of the college) on all working days, working Hours from **9 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 practicing at **RUKMINI NAGAR** in the city of **AMRAVATI** _and my days and hours of practice are **MONDAY TO SATURDAY 6 PM TO 9 PM.**

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 and Crown & 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)

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.]