

(Appendix – 1)

AFFIDAVIT
(On Non-Judicial Stamp Paper)

SELF ATTESTED
RECENT
PHOTOGRAPH

1. I, **Dr. Adwani Rahul D**

S/o, D/o, W/o **Dr. Dwarkadas .G. Adwani**

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

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3. Residential Address of Faculty:

(a) Present.. **Adwani Multispeciality Dental Hospital, Ambapeth ,Amravati-444601**

(b) Permanent .. **Adwani Multispeciality Dental Hospital ,Ambapeth ,Amravati-444601**

4. Contact Details: Mobile No. **9923417771** Resi. Tel. No. with STD Code **07212576631**

Email : **dradwanirahul@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	XXXXXXXX9877
3.	Driving License		3.	Voter ID Card	
4.	Aadhaar Card	XXXXXXXX9877	4.	Bill – Electricity / Landline Phone	000001379198633
			5.	Regd.Rent Agreement	

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

*6. Pan Card No. **XXXXXX570L** Certified copy to be enclosed.

*7. Aadhaar Card No. **XXXXXXXX9877** 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.	MAITRI,DENTAL COLLEGE	PT.RAVISHANKAR SHUKLA,RAIPUR	2012	BDS	MSDC	A-26612 Renewal Dt. 04.02.2021
M.D.S.	SPDC,WARDHA	DMIMS(DU)	2017	MDS,PROSTHODONTICS &CROWN &BRIDGE	MSDC	
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: **Vidharbha Youth Welfare Society Dental College & Hospital ,**
Tapovan Wadali - Road, Amravti. 444 602

*11. Present Institute Appointment Order No. **DCA/EST/954/2018** Date **15.11.2018**

(Signature of Faculty)

(Signature of Dean /Principal)

*12. Before joining present institution I was working at Not Applicable (Fresh appointment at this Institution)_
as N.A. and relieved on N.A. after Resigning/Retiring.

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

(ii) Relieving Order No. _____ & Date _____

13. TEACHING EXPERIENCE

Position	Name of Institution	From	To	Total Experience
Tutor				N/A
Lecturer/Asst. Professor	VYWS DENTAL COLLEGE & HOSPITAL, WADALI, AMRAVATI	15/11/2018	TILL DATE	03 YEAR 00 MONTH 16 DAYS
Reader/Associate Professor				
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. Rahul .D. Adwani** 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 Prosthodontics & Crown & Bridge** At **Vidharbha Youth Welfare Society Dental College And Hospital,Amravati** (name of the college) on all working days, working Hours from **9A.M to 3P.M**
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 **Amravati** 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 **Dept. Prosthodontics & Crown & Bridge** (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
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.]