

AFFIDAVIT
(On Non-Judicial Stamp Paper)

SELF ATTESTED
RECENT
PHOTOGRAPH

1. I, **Dr. Jyoti B. Sable**
S/o, D/o, **Dr. B. V. Sable**

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

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3. Residential Address of Faculty:

(a) Present. **FLAT NO. 302 Riddhi Siddhi Apt. Wing B opp divisional Commissioners Office Kanta Nagar Camp AMRAVATI 444602**

(b) Permanent. **FLAT NO. 302 Riddhi Siddhi Apt. Wing B opp divisional Commissioners Office Kanta Nagar Camp AMRAVATI 444602**

4. Contact Details: Mobile No **9422855442** Resi. Tel. No. with STD Code
Email :- jbsable4@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	IJF7767379	2.	Aadhaar Card	XXXXXX 0844
3.	Driving License		3.	Voter ID Card	IJF7767379
4.	Aadhaar Card	XXXXXXXX0844	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. **XXXXXX013A** Certified copy to be enclosed.

*7. Aadhaar Card No. **XXXXXXX 0844** 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	AMRAVATI	JUNE 2000	B.D.S	MAHRASHTRA STATE DENTAL COUNCIL	A-11421 Dt. 08.03.2021
M.D.S.						
Any Other						

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

9. Present Designation: **TUTOR**

10. Name and Postal Address of College/Institution: **V.Y.W.S. DENTAL COLLEGE AND HOSPITAL AMRAVATI**
TAPOVAN WADALI ROAD AMRAVATI 444602.

*11. Present Institute Appointment Order No. **DCA/APPOINTMENT/972/2005** Date **08/02/2005**

(Signature of Faculty)

(Signature of Dean /Principal)

*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	VYWS DENTAL COLLEGE AND HOSPITAL AMRAVATI	08.02.2005	Till Dt.	16 YEARS 09 MONTHS 23 Days
Lecturer/Asst. Professor				
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.	N.A	N.A	N.A

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. JYOTI B. SABLE** do hereby give an undertaking that I am working as a full time salaried employee (**as per UGC Norms**) designated as **TUTOR** in the Department of **ORAL PATHOLOGY AND MICROBIOLOGY** at **VYWS DENTAL COLLEGE AND HOSPITAL AMRAVATI** 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 practicing at **CAMP OPP DIVISIONAL COMMISSIONERS OFFICE CAMP AMRAVATI** in the city of **AMRAVATI** and my days and hours of practice are **After 06:00 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 **Oral Pathology & Microbiology** (department) as **Tutor** (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.]