(Appendix – 1)

AFFIDAVIT

(On Non-Judicial Stamp Paper)

SELF ATTESTED RECENT PHOTOGRAPH

1. I, Dr. **KSHITIJA RAVINDRA BODHANKAR**
   D/o **RAVINDRA LAXMANRAO BODHANKAR**

2. Date of Birth (DD/MM/YYYY): | 1 | 5 | 0 | 6 | 1 | 9 | 9 | 2 |

3. Residential Address of Faculty:

   (a) Present.. C/**o JYOTSANA PRADEEP TAIWADE, FLAT NO.302, GREEN SQUARE APARTMENT MARDI ROAD, JAI BHOLE COLONY AMRAVATI CAMP AMRAVATI - 444606**

   (b) Permanent. **SABLE PLOT NEAR PAWADE NURSING HOME BACHLEOR ROAD WARDHA 442001**

4. Contact Details: Mobile No. **9665768518** Resi. Tel. No. with STD Code

   Email:- kshtija.bodhankar@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	**XXXXXXXX7932**
3.	Driving License		3.	Voter ID Card	
4.	Aadhaar Card	**XXXXXXXX7932**	4.	Bill – Electricity / Landline Phone	Bill no:- 000001459137290 CUSTOMER N0 :- 366478470899
			5.	Regd.Rent Agreement	

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

*6. Pan Card No. **XXXXXX441B** Certified copy to be enclosed.

*7. Aadhaar Card No. **XXXXXXXX7932** 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.	VSPM DENTAL COLLEGE AND HOSPITAL, NAGPUR	MUHS,NASHIK	AUGUST -2014		MSDC	A-30581 02-02-22
M.D.S.	NAIR HOSPITAL DENTAL COLLEGE, NAGPUR	MUHS, NASHIK	OCTOBER-2020	ORAL PATHOLOGY AND MICROBIOLOGY	MSDC	A-30581 02-02-2022
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-444602

*11. Present Institute Appointment Order No. DCA/1193/2022 Date 19-01-22

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

*12. Before joining present institution I was working at **GDC NAGPUR as DENTAL SURGEON** and relieved on **17/11/2020** after bond completion.

(i) Appointment Order No. **3463/2021** & Date **19/11/2020** of the previous appointment:

(ii) Relieving Order NO. **3484-86** & Date **20/11/2021**

13. TEACHING EXPERIENCE

Position	Name of Institution	From	To	Total Experience
Tutor/Dental Surgeon	**GDCH NAGPUR**	**19/11/2020**	**20/11/2021**	**364 DAYS**
Lecturer/Asst. Professor		**19/01/2022**	**31/07/2022**	**6 mths. 12 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.	Immunohistochemical expression of stem cell markers OCT-4 and SOX-2 in giant cell tumor, central giant cell granuloma, and peripheral giant cell granuloma.	Oral Surgery, Oral Medicine, Oral Pathology and Oral Radiology. 2020	
2.	Absence of BRAFV600E Immunohistochemical Expression in Sporadic Odontogenic Keratocyst, Syndromic Odontogenic Keratocyst and Orthokeratinized Odontogenic Cyst	Journal of Oral Pathology & Medicine. 2020	
3.	The Role of Increased Connective Tissue Growth Factor in the Pathogenesis of Oral Submucous Fibrosis and its Malignant Transformation—An Immunohistochemical Study	Head and Neck Pathology.2020	

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. KSHITIJA RAVINDRA BODHANKAR** 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 **ORAL PATHOLOGY AND MICROBIOLOGY at VYWS DENTAL COLLEGE AND HOSPITAL 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/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 not having private practice anywhere **OR** I am practicing at _____ in the city of _____ and my days and hours of practice are _____.

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 AND MICROBIOLOGY** (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)
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.]