

AFFIDAVIT
(On Non-Judicial Stamp Paper)

SELF ATTESTED
RECENT
PHOTOGRAPH

1. I, **Dr. Harish L. Tibdewal**
S/o, D/o, W/o **Liladhar D.Tibdewal**
2. Date of Birth (DD/MM/YYYY):

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3. Residential Address of Faculty:
(a) Present . **Oppo. Matoshree R. Ambedkar Kanishtha Mahavidyalaya, Rukhmini Nagar, Amravati – 444 606**
(b) Permanent : **As Above**
4. Contact Details: Mobile No. **8888042869** Resi. Tel. No. with STD Code _____
Email : harish.tibdewal@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.	Aadhar Card	XXXXXXXX 4659
3.	Driving License		3.	Voter ID Card	
4.	Aadhaar Card	XXXXXXXX 4659	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. **XXXXXX337M** Certified copy to be enclosed.
- *7. Aadhaar Card No. **XXXXXXXX 4659** 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.	<u>V.Y.W.S. Dental College and Hospital, Amravati, Maharashtra</u>	<u>MUHS, Nashik</u>	<u>July 2005</u>	<u>Dentistry</u>	<u>MSDC</u>	<u>A-13470 Dt.27/03/21</u>
M.D.S.	<u>Darshan Dental College and Hospital, Udaipur,Rajasthan</u>	<u>RUHS, Jaipur</u>	<u>July 2011</u>	<u>Public Health Dentistry</u>	<u>RSDC</u>	<u>A-13470 Renewal Dt.27.03.2021</u>
Any Other						

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

9. Present Designation: **Professor**
10. Name and Postal Address of College/Institution: **V.Y.W.S. Dental College and Hospital Tapovan, Wadali Road, Camp, Amravati – 444602**
- *11. Present Institute Appointment Order No. **ESTT/526/A/2018** Date : **14.08.2018**

Signature of Faculty)

(Signature of Dean /Principal)

*12. Before joining present institution I was working at VSPM Dental College and Research Centre, Nagpur as Reader and relieved on 19/12/17 after Resigning/Retiring.

(i) Appointment Order No. VSPM /A-2 / 29 / 1291 /15 & Date 03/12/2015 of the previous appointment:

(ii) Relieving Order No. VSPM'S DCRC/DEAN/ESTT SEC./ 1588 / 2107 & Date 19/12/2107

13. TEACHING EXPERIENCE

Position	Name of Institution	From	To	Total Experience
Tutor				N/A
Lecturer/Asst. Professor	V.Y.W.S. Dental College and Hospital, Amravati	23/7/11	31/8/15	4 Years 1 Months, 9 Days
Reader/Associate Professor	V.Y.W.S. Dental College and Hospital, Amravati	14/8/18	9/5/21	2Years, 8 Months, 26 Days
	VSPM Dental College and Research Centre, Nagpur	3/12/15	19/12/17	2 Years, 17 Days
	V.Y.W.S. Dental College and Hospital, Amravati	14/8/18	09/05/21	2 Year, 8 Months, 25 Days
Professor	V.Y.W.S. Dental College and Hospital, Amravati	10/5/21	Till date	6 Months 21 Days

* 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	Poi nts
1.	Factors related to betel chewing among higher secondary school students in India- A cross-sectional study.	Journal of Oral Health Research. 2010;1(1):26-32. ISSN : 2999-6018.	5
2.	Should dentist wear white coat? A cross-sectional study.	Journal of Oral Health Research. 2010;1(2):26-31. ISSN : 2999-6018.	5
3.	Sex determination using mandibular canine index in optimal-fluoride and high-fluoride areas.	Journal of Forensic Dental Science. 2009;1:99-103. ISSN : 0975-1475	15
4.	Oral health attitudes and behavior as predisposing factor for dental caries status among health professional and other professional college students of India.	Oral Health and Preventive Dentistry. 2010;8(2):195-202. ISSN : 1602-1622	15
5.	Do active ingredients in non-alcoholic chlorhexidine mouth wash provide added effectiveness: observations from a randomized controlled trial?	Tropical Dental Journal. 2010;130:27-34. ISSN : 0251-172X.	15
6.	Effect of cariogenic food consumption and tooth cleaning habits on dental caries among fee and non fee paying school children of Udaipur city, India	Journal of Oral Health Research. 2010;1(1):33-39. ISSN : 2999-6018.	5
7.	Oral health knowledge, attitudes and behavior of elementary school teachers in India.	RGO – Revista Gaúcha de Odontologia. 2012;60(1):19-25. ISSN : 0103-6971.	15
8.	Epidemiology of Periodontal status in dentate male adults of Jalore, Rajasthan , India - a cross sectional study.	RGO – Revista Gaúcha de Odontologia. 2011;59(1):23-27. ISSN : 0103-6971.	15
9	Dental caries status in relation to socio-behavioral factors of 6 year old school children of Udaipur district, India.	Dental Research Journal. 2012; 9(6): 681–687. ISSN : 1739-3327.	15
10.	A pilot study into the effect of whisky, wine and beer consumption on tooth surface dissolution.	Oral Health Dental Management. 2013;12(3):151-4. ISSN : 2247-2452	5
11.	Factors influencing caries status and treatment needs among pregnant women attending a maternity hospital in Udaipur city, India.	Journal of Clinical and Experimental Dentistry. 2013; 5(2):72-6. ISSN : 1989-5488	15

12.	Comparison of prevalence of dental caries in the permanent dentition in High and Moderate Fluoride area in Western Rajasthan, India.	Journal of International Oral Health. June 2010. ISSN : 0976-1799.	15
13.	Dental prosthetic status and treatment needs of green marble mine laborers, Udaipur, India.	Dental Research Journal. 2011;8(3):123-127. ISSN : 1739-3327.	15
14.	Influence of lifestyle on oral health behavior among rural residents of Udaipur district, India.	Medicina Oral Patologia Oral Y Cirugia Bucal. 2011;16(6): 828-33. ISSN : 1698-6946.	15
15.	Effect of smoking on oral pigmentation and its relationship with periodontal status.	Dental Research Journal. 2012;9:112-4. ISSN : 1739-3327.	15
16.	Dental students knowledge, beliefs and attitudes toward obese patients at one dental college in India.	Journal of Education and Ethics in Dentistry. 2012;2:80-4. ISSN : 2543-3288.	5

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.Harish L. Tibdewal, do hereby give an undertaking that I am working as a full time salaried employee (as per **UGC Norms**) designated as **Professor** in the **Department of Public Health Dentistry** at **V.Y.W.S. Dental College and Hospital, Amravati** (name of the college) on all working days, working Hours from **9:00 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 not having private practice anywhere
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 Public Health Dentistry** (department) as **Professor** (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.]