

**AFFIDAVIT**  
(On Non-Judicial Stamp Paper)

SELF ATTESTED  
RECENT  
PHOTOGRAPH

1. I, **Dr.. Siddharth Bhalchandra Deshmukh**

. S/o – **Late shri Bhalchandra Krushnarao Deshmukh**

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

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3. Residential Address of Faculty:

(a) Present :- **Tope Nagar, Sawkar apartment 12/2B, Near Maltekdi road, Amaravati 444602**

(b) Permanent address- **Sawkar apartment 12/2B, Near Maltekdi road, Amaravati 444602**

4. Contact Details:

Mobile No- **9665522414**

Resi.Tel. No. with STD Code \_\_\_\_\_

Email – [dr.sidmds@gmail.com](mailto:dr.sidmds@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	<b>IJF1167881</b>	2.	Aadhaar Card	<b>XXXXXXXX5218</b>
3.	Driving License		3.	Voter ID Card	
4.	Aadhaar Card	<b>XXXXXXXX5218</b>	4.	Bill – Electricity / Landline Phone	<b>366470783995</b>
			5.	Regd.Rent Agreement	

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

\*6. Pan Card No. **XXXXXX881K** Certified copy to be enclosed.

\*7. Aadhaar Card No. **XXXXXXXX-5218** 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.	<b>V.Y.W.S Dental College and Hospital, Amravati</b>	<b>M.U.H.S, Nashik</b>	<b>Nov 2007</b>	<b>---</b>	<b>MSDC , Mumbai, Maharashtra</b>	<b>A- 16974 15-1-2021</b>
M.D.S.	<b>YMT's Dental College and Hospital, Kharghar Navi Mumbai</b>	<b>M.U.H.S, Nashik</b>	<b>July 2014</b>	<b>Oral pathology and microbiology</b>	<b>MSDC, Mumbai Maharashtra</b>	<b>A- 16974 (Renewal Dt. 15-1-2021)</b>
Any Other						

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

9. Present Designation: **Lecturer** ( Assistant Professor)

10. Name and Postal Address of College/Institution: **V.Y.W.S Dental College and Hospital, Tapovan- Wadali road, Amaravati 444602**

\*11. Present Institute Appointment Order No.- Ref No **DCA/ 800/2021**. Date **20.11.2021**

(Signature of Faculty)

(Signature of Dean /Principal)

\*12. Before joining present institution I was working at **Yogita Dental College and hospital, khed , Ratnagiri- 415709** as a **Reader (Associate Professor)** and relieved on **18/11/2021** after Resigning/Retiring.

(i) Appointment Order No. **YDCH/2107/12604A/ 2018** & Date **1/12/2018** of the previous appointment:

(ii) Relieving Order No. **YDCH /2107 / 506 / 2021** & Date **18 / 11 / 2021**

\*13. TEACHING EXPERIENCE\*

Position	Name of Institution	From	To	Total Experience
Tutor				N/A
Lecturer/Asst. Professor	<b>Yogita Dental College and Hospital, khed, Ratnagiri Maharashtra</b>	<b>1-12-2014</b>	<b>30-11-2018</b>	<b>4 yrs.</b>
	<b>VYWS Dental College &amp; Hospital, Amravati</b>	<b>20-11-2021</b>	<b>Till date</b>	<b>11 days</b>
Reader/Associate Professor	<b>Yogita Dental College and Hospital, khed, Ratnagiri, Maharashtra</b>	<b>1-12-2018</b>	<b>18-11-2018</b>	<b>2 years , 11 months, 18 days</b>
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.	Odontogenic keratocyst to keratocystic odontogenic tumor	International journal of applied dental sciences	5
2.	Comparative IHC analysis of VEGF and MMP-9 in OKC , DC and RC	JCRT ( Indian journal of radiation oncologist association) pubmed	15
3.	OSMF with Verrucous carcinoma	JCDR , Pubmed	7.5
4	Pigmented basal cell carcinoma : an unusual case report	Journal of case report ( national)	2.5

**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. **Siddharth Bhalchandra Deshmukh** do hereby give an undertaking that I am working as a full time salaried employee (**as per UGC Norms**) designated as a **Lecturer**( Assistant Professor) in the **Department of Oral Pathology and Microbiology** at **V.Y.W.S Dental College and Hospital** (name of the college) on all working days, working Hours from **9:00am 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 **N.A.** in the city of **N.A.** and my days and hours of practice are **N.A.**.
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 Oral Pathology And Microbiology as Lecturer ( Assistant Professor) 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**

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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.]**