

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

SELF ATTESTED  
RECENT  
PHOTOGRAPH

1. I, **Dr. Pooja Purushottam Bhagwat**  
S/o, D/o, W/o **Purushottam Govindrao Bhagwat**

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

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3. Residential Address of Faculty:

(a) Present **Plot number 8 sai Astha vmv road rathi nagar shegaon naka Amravati**

(b) Permanent **Appu Colony Behind Venus Plaza Near Dr. Bhuyar Hospital, Rathi nagar, Amravati.**

4. Contact Details: Mobile No. **9516152487** Resi. Tel. No. with STD Code  
Email : [poojabhagwat1985@gmail.com](mailto:poojabhagwat1985@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	XXXXXXXX9482
3.	Driving License		3.	Voter ID Card	
4.	Aadhaar Card	XXXXXXXX 9482	4.	Bill – Electricity / Landline Phone	000001352848417
			5.	Regd.Rent Agreement	

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

\*6. Pan Card No. **XXXXX060L** Certified copy to be enclosed.

\*7. Aadhaar Card No. **XXXXXXXX9482** 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.	Jamanlal goenka dental college and hospital	MUHS	2010	BDS		A-22597 Dt. 13.02.2021
M.D.S.	SMBT dental college and hospital	MUHS	2015	MDS		
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 & Hospital, Tapowan, Wadali  
Road, Camp, Amravati, Maharashtra. 444602**

\*11. Present Institute Appointment Order No. **Estt/1002/2021** Date **01/03/2021**

(Signature of Faculty)

(Signature of Dean /Principal)

\*12. Before joining present institution I was working at Dr.Rajesh r.Kambe dental college and hospital as Lecturer and relieved on 03/12/2019 RRKDC/5979 after Resigning/Retiring.

(i) Appointment Order No. RRKDC and H/9075/2018 & Date 03/01/2017 CDSH/5242-A/2017 of the previous appointment:

(ii) Relieving Order No. CDSH/5843A/2018 Date 31/08/2018

**\*13. TEACHING EXPERIENCE\***

Position	Name of Institution	From	To	Total Experience
Tutor				N/A
Lecturer/Asst. Professor	CDSH Rau	3/01/2017	31/08/2018	01 Year 06 Months
	RRK Dental college and hospital	25/6/2018	3/12/2019	01 Year 06 Months
	VYWS Dental college and hospital	5/03/2021	Till date	08 Months 26 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.	Correlation of tumor grading and perinural invasion with metastasis	Journal of advanced medical and dental science research	
2.	Clinical and histopathological analysis of odontogenic tumors in institution	Journal of contemporary dental practice	
3.	Effect of fluoridated and non fluoridated bleaching agents on bovine surface enamel	Lupine publishers	

**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. **Dr. Pooja Purushottam Bhagwat** 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 & Oral Microbiology** at **VYWS Dental College & Hospital Amravati** (name of the college) on all working days, working Hours from **09.00 AM to 03.05PM**.
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
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 & Oral 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**

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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.]**