

AFFIDAVIT
(On Non-Judicial Stamp Paper)

SELF ATTESTED
RECENT
PHOTOGRAPH

1. I, **Dr. SULAKSHANA NAVINDRABHAU RAUT**
W/o **Dr. RAHUL BABURAO MOPARI**

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

2	2	0	4	1	9	8	9
---	---	---	---	---	---	---	---

3. Residential Address of Faculty:

(a) Present.. **C/o Dr. SUNIL DESHMUKH , ASHIRWAD BUILDING ,GROUND FLOOR, RUKHMINI NAGAR , AMRAVATI - 444606**

(b) Permanent . **210, D/O NAVINDRA RAUT, TELKHADE PLOT, RAUT NIVAS, RADHA NAGAR AMRAVATI - 444601**

4. Contact Details: Mobile No. **7028843767** Resi. Tel. No. with STD Code _____

Email :- **snraut09@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	XXXXXXXX1522
3.	Driving License		3.	Voter ID Card	
4.	Aadhaar Card	XXXXXXXX1522	4.	Bill – Electricity / Landline Phone	
			5.	Regd.Rent Agreement	N.R.S. NO. 356 Dt. 04.05.2022

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

*6. Pan Card No. **XXXXXX042L** Certified copy to be enclosed.

*7. Aadhaar Card No. **XXXXXXXX1522** 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, AMRAVATI	MUHS,NASHIK	FEB-2012		MSDC	A-24898 30-05-22
M.D.S.	ACPM DENTAL COLLEGE, DHULE	MUHS, NASHIK	AUG-2019	ORTHODONTICS AND DENTOFACIAL ORTHOPEDIC	MSDC	A-24898 30-05-22
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/Estt/404/2022 Date 23-5-22**

(Signature of Faculty)

(Signature of Dean /Principal)

*12. Before joining present institution I was working at Dr. RAJESH R. KAMBE DENTAL COLLEGE AND HOSPITAL, AKOLA as LECTURER and relieved on 29/10/2020 after Resigning.

(i) Appointment Order No. RRKDC&H/4572/1/2019 & Date 16/08/2019 of the previous appointment:

(ii) Relieving Order No. RRRKDC&H/5674/2020 & Date 23/11/2020

13. TEACHING EXPERIENCE

Position	Name of Institution	From	To	Total Experience
Tutor				N/A
Lecturer/Asst. Professor	DR. RAJESH R KAMBE DENTAL COLLEGE, AKOLA	16/08/2019	29/10/2020	1YR 2 MONTHS
	VYWS DENTAL COLLEGE & HOSPITAL AMRAVATI	23/05/2022	Till Date	--
Reader/Associate Professor				
Professor				
Dean/Principal				

* Less than one year teaching experience will not be considered. * Use separate box for each Institution.

. DETAILS OF PUBLICATIONS:

S.No.	Title of the Articles	Journal Details	Points
1.	CEPHALOMETRIC EVALUATION OF DENTOFACIAL FEATURES OF CLASS III MALOCCLUSION IN ADULT POPULATION: AN OBSERVATIONAL STUDY	INTERNATIONAL JOURNAL OF RESEARCH IN HELTH AND ALLIED SCIENCES	5
2.	EFFECT OF ACID ETCHING ON SURFACE CHARACTERSTICS OF ENAMEL	JOURNAL OF APPLIED DENTAL AND MEDICAL SCIENCES	5
3.	HERBAL MOUTHWASH FOR THE MANAGEMENT OF ORAL DISEASES: A REVIEW ON THE CURRENT LITERATURE	JOURNAL OF ORAL HEALTH AND COMMUNITY DENTISTRY	2.5
4.	ANTIHYPERTENSIVES AND COVID-19: A NARRATIVE REVIEW	JOURNAL CLEAN WAS	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. SULAKSHANA NAVINDRABHAU RAUT 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 Orthodontics & Dentofacial Orthopedics at VYWS Dental College & Hospital, Amravati. on all working days, working Hours from 09.00 to 03.05.
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 **Orthodontics & Dentofacial Orthopedics** (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)

(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.]