Affidavit





OIDr. Asarita Deshmukh, aged 43 Years, S/o Arun Deshmukh joined in this Homoeopartic Medical College, Akot Roatt Akola. On 28/12/2022 and the detail of my qualification and experience are mentioned below.

| Batter ager | A STATE OF THE OWNER | | | | | | | | |
|-------------|---|--|------|--------------------------------------|------------|-----------|---------------------------|--|--|
| Sr. No. | Information of Teacher | To be filled up by Teacher | | | | | | | |
| 1. | Name of the Teacher | Dr. ASMITA ARUN DESHMUKH | | | | | | | |
| 2. | Teacher's code | | | | | | | | |
| 3. | Date of Birth | 10-10-1980 | | | | | | | |
| 4. | UG/PG Qualification | Name of Deg | gree | BHI | MS (MD) | | | | |
| | | Passing Year | | 2009 | | | | | |
| | | University | | MUHS Nashik | | | | | |
| 5. | PG Qualification | Name of Subject | | Repertory | | | | | |
| | | Passing Year | | 2009 | | | | | |
| | | University | | MUHS Nashik | | | | | |
| 6. | Additional qualification | Subject | | | | | | | |
| | P.G.Diploma/Ph.D | Passing Year | | | | | | | |
| | | University | | | | | | | |
| 7. | Post wise details of Experience | Dura | tion | | Department | Designati | Name of | | |
| | in chronological order from the | From date | To d | ate | (Subject) | on | the college | | |
| | date of initial appointment | 28/12/2022 | onwa | ards | Repertory | Reader | HMC, Akot- Road, Akola | | |
| 8. | Presently working Department (Subject) | Repertory | | | | | | | |
| 9. | Present Designation | Reader | | | | | | | |
| 10. | Nature of present appointment (regular /contract/deputation) | Regular | | | | | | | |
| 11. | Permanent Residential Address | Ranpise Nagar, Professor colony, Akola. | | | | | | | |
| 12. | Local Residential Address | Ranpise Nagar, Professor colony, Akola. | | | | | | | |
| 13. | State Board / Council | Registration Number Name of State Board | | er 38232 | | | | | |
| | Registration details | | | d Maharashtra Council of Homoeopathy | | | | | |
| 14. | Mobile Number | 7721060060 | | | | | | | |
| | Email ID | drardeshmukh@gmail.com | | | | | | | |
| 15. | Name of the Principal of college | Dr. Sanjaykumar U. Tiwari | | | | | | | |
| | | | | | | | | | |

I hereby solemnly affirm that the above information is correct as per my records and knowledge. I further affirm that I have not presented myself as a teaching faculty to any other institution for the visitation of same academic session, if any information given in this affidavit is found to be incorrect/ false. 1 shall be liable for any disciplinary action.

Date: Place : Akola

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No. 15510

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Signature of Deponent/ Teacher

I hereby solemnly affirm that the above information is correct as per my record and knowledge and 1 personally verified the above information with the original documents of the teacher. 1 further affirm that if any information given in this affidavit is found to be incorrect/ false. I have no objection for any disciplinary action against the concerned teacher and myself.

Certified that this document Date: Affidavit contains Pages Place: Akola Signature of Principal with Stamp From 1 to One only Principal H. M. C. Akut Road, Akola HEUN Deshmulch Dr. Asmita swear in the name of God Solemny Kum that this is my name and Signature or (Marks) and that the contents of this afficiavit are true CON ect grawal Adv. M ur NOTARY 12-06-2023 Signature of Deponent after attestation) GOVT. OF INDIA - Reg.No.15519 Behind Vitthal Mandir, Old City, AKOLA Dist.AKOLA (M) MAYUR ELLED AGRAWA John MCELLED VMEN NOTARIAL NOTARIAL NOTARIAL

Affidavit





| Sr. No. | Information of Teacher | To be filled up by Teacher | | | | | | | |
|------------|---|--|--|------|-------------------------|-----------------|---------------------------|--|--|
| 1. | Name of the Teacher | Dr. ASRA RUMANA SYED KAZIMUDDIN | | | | | | | |
| 2. | Teacher's code | | | | | | | | |
| 3. | Date of Birth | 27/02/1989 | | | | | | | |
| 4. | UG Qualification | Name of Degree | | B | BHMS | | | | |
| | | Passing Year | | 2 | 2011 | | | | |
| | | University | | N | MUHS, Nashik. | | | | |
| 5. | PG Qualification | Name of Subject | | N | M.D. (Repertory) | | | | |
| | | Passing Year | | 2017 | | | | | |
| | | University | | N | MUHS, Nashik. | | | | |
| 6. | Additional qualification | Subject | | | | | | | |
| | P.G.Diploma/Ph.D | Passing Year University | | | | | | | |
| | | | | | | | | | |
| 7. | Post wise details of Experience | Durat | | | Department (Subject) | Designa tion | Name of | | |
| | in chronological order from the | From date | | | | | the college | | |
| | date of initial appointment | 21/10/2022 | | | Repertory | Lecturer | HMC, Akot- Road, Akola | | |
| 8. | Presently working Department (Subject) | Repertory | | | | | | | |
| 9. | Present Designation | Lecturer | | | | | | | |
| 10. | Nature of present appointment (regular /contract/deputation) | Regular | | | | | | | |
| 11. | Permanent Residential Address | Akola. | | | | | | | |
| 12. | Local Residential Address | Akola. | | | | | | | |
| 13. | State Board / Council | Registration Number | | | 58566 | | | | |
| | Registration details | Name of State Board Maharashtra Council of Homoeopat | | | | | omoeopathy | | |
| 14. | Mobile Number | 9922034116 | | | | | | | |
| | Email ID | drasrasyed272@gmail.com | | | | | | | |
| 15. | Name of the Principal of college | Dr. Sanjaykumar U. Tiwari | | | | | | | |

I hereby solemnly affirm that the above information is correct as per my records and knowledge. I further affirm that I have not presented myself as a teaching faculty to any other institution for the visitation of same academic session, if any information given in this affidavit is found to be incorrect/ false. 1 shall be liable for any disciplinary action.

Date: Place : Akola

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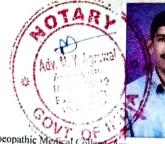
Signature of Deponent/ Teacher

I hereby solemnly affirm that the above information is correct as per my record and knowledge and 1 personally verified the above information with the original documents of the teacher. 1 further affirm that if any information given in this affidavit is found to be incorrect/ false. I have no objection for any disciplinary action against the concerned teacher and myself.





Affidavit



I Dr. Amol Gajanan Kuchar, aged 31 Years, S/o Gajanan Joined in this Homoeopathic Medical College Anoi – roau, Akola. On 21/07/2022 and the detail of my qualification and experience are mentioned below.

| . Sr. | Information of Total | | | and the second se | included by | | | |
|----------|---|---|-----------|---|-------------|-------------|--|--|
| No. | Information of Teacher | To be filled up by Teacher | | | | | | |
| 1. | Name of the Teacher | Dr. AMOL GAJANAN KUCHAR | | | | | | |
| 2. | Teacher's code | ST. AMOL GAJANAN KUCHAR | | | | | | |
| 3. | Date of Birth | 12/12/1989 | | | | | | |
| 4. | UG Qualification | | | | | | | |
| | | Name of Degree | | BHMS | | | | |
| | | Passing Year | | 2021 | | | | |
| 5. | PG Qualification | University | | MUHS, Nashik. | | | | |
| | · · · · · · · · · · · · · · · · · · · | Name of Subject | | M.D. (ORGANON) | | | | |
| | | Passing Year | | 2022 | | | | |
| 6. | Additional | University | | MUHS, Nashik. | | | | |
| 0. | Additional qualification | Subject | | | | | | |
| | P.G.Diploma/Ph.D | Passing Year | | | | | | |
| | | University | | | | | | |
| 7. | Post wise details of Experience | Duration | | Department Designa Name of | | | | |
| | in chronological order from the date of initial appointment | From date | To date | (Subject) | tion | the college | | |
| | | 21/07/2022 | Onward | , | Lecturer | HMC, Akot- | | |
| 8. | Description | | | Organon | Lecturer | Road, Akola | | |
| 0. | Presently working Department | Hom. Organon | | orBanon | | , intera | | |
| 9. | (Subject) | | | | | | | |
| | Present Designation | Lecturer | | | | | | |
| 10. | Nature of present appointment (regular /contract/deputation) | Regular | | | | | | |
| 11. | Permanent Residential Address | | | | | | | |
| 12. | Local Residential Address | Keshav Nagar, Akola. | | | | | | |
| 13. | State Board / Council | Keshav Nagar, Akola. | | | | | | |
| | Registration details | Registration Number 59338 | | | | | | |
| 14. | Mobile Number | Name of State Board Maharashtra Council of Homoeop | | | | moeopathy | | |
| | Email ID | 7501015111 | | | | | | |
| 15. | Name of the Principal of college | k.amol007@rediffmail.com Dr. Sanjaykumar U. Tiwari | | | | | | |
| I hereby | solemnly affirm that the above informati | Dr. Sanjayku | ımar U. T | iwari | | | | |

I hereby solemnly affirm that the above information is correct as per my records and knowledge. I further affirm that I have not presented myself as a teaching faculty to any other institution for the visitation of same academic session, if any information given in this affidavit is found to be incorrect/ false. 1 shall be liable for any disciplinary action.

Date: Place : Akola

Signature of Deponent/ Teacher above information with the original documents of the teacher. 1 further affirm that if any information given in this affidavit is found to be incorrect/ false. I have no objection for any disciplinary action against the concerned teacher and myself.

Date: Place: Akola Certified that this document -Affidavit contains Pages Signature of Principal With Stamp Principal From 1 to QAR O() e H.M.C nan Adv. May Y. Agrawa Ekot Road, Akola HM do swear in the hame of God Solem NOTARY Allim that this is my same and Signature GOVT, OF INDIA - Reg.No.15519 Behind Vithal Mandir, Old City, AKOLA sub- contents of this or (Marks) and Dist.AKOLA (M) diavit an riect enes HIE OF DEDUNENT after Michael MAYUR AGRAWAI NCELLED NCELLED NCEL ENT C NOTARIAL NOTARIAL NOTARIAL NOTARIAL