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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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	<b>Registration Number</b>			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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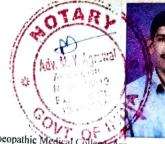
Signature of Deponent/ Teacher

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