



Affidavit



I Dr. Asmita Deshmukh, aged 43 Years, S/o Arun Deshmukh joined in this Homoeopathic Medical College, Akot - Road, Akola. On 28/12/2022 and the detail of my qualification and experience are mentioned below.

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 Degree	BHMS (MD)			
		Passing Year	2009			
		University	MUHS Nashik			
5.	PG Qualification	Name of Subject	Repertory			
		Passing Year	2009			
		University	MUHS Nashik			
6.	Additional qualification P.G.Diploma/Ph.D	Subject	--			
		Passing Year	--			
		University	--			
7.	Post wise details of Experience in chronological order from the date of initial appointment	Duration		Department (Subject)	Designati on	Name of the college
		From date	To date			
			28/12/2022	onwards	Repertory	Reader
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 details	Registration Number	38232			
		Name of State Board	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. I shall be liable for any disciplinary action.

Date:

Place : Akola

Signature of Deponent/ Teacher

I hereby solemnly affirm that the above information is correct as per my record and knowledge and I personally verified the above information with the original documents of the teacher. I 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
From 1 to One only

Signature of Principal with Stamp

Principal
R. M. C.
Akot Road, Akola

Dr. Asmita Arun Deshmukh

I swear in the name of God. Solemnly
Affirm that this is my name and Signature
or (Marks) and that the contents of this
affidavit are true and correct

Signature of Deponent after attestation)



Adv. Mayur Y. Agrawal

NOTARY 12-06-2023

GOVT. OF INDIA - Reg.No.15519
Behind Vitthal Mandir, Old City, AKOLA
Dist.AKOLA (M)



Affidavit

I Dr. Asra Rumana, aged 33 Years, S/o Syed Kazimuddin I joined in this Homoeopathic Medical College, Akot - Road, Akola. On 21/10/2022 and the detail of my qualification and experience are mentioned below.

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	BHMS			
		Passing Year	2011			
		University	MUHS, Nashik.			
5.	PG Qualification	Name of Subject	M.D. (Repertory)			
		Passing Year	2017			
		University	MUHS, Nashik.			
6.	Additional qualification P.G.Diploma/Ph.D	Subject	--			
		Passing Year	--			
		University	--			
7.	Post wise details of Experience in chronological order from the date of initial appointment	Duration		Department (Subject)	Designa tion	Name of the college
		From date	To date			
		21/10/2022	onwards	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 details	Registration Number	58566			
		Name of State Board	Maharashtra Council of Homoeopathy			
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. I shall be liable for any disciplinary action.

Date:

Place : Akola

Signature of Deponent/ Teacher

I hereby solemnly affirm that the above information is correct as per my record and knowledge and I personally verified the above information with the original documents of the teacher. I 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

Asra Rumana Syed Kazimuddin

I do swear in the name of God. Solemnly affirm that this is my name and Signature or (Marks) and that the contents of this Affidavit are true and correct.

Signature of Deponent after attestation



Adv. Mayur Y. Agrawal
NOTARY

GOVT. OF INDIA - Reg No. 15519
Behind Vitthal Mandir, Old City, AKOLA
Dist. AKOLA (M)

Signature of Principal with Stamp

Principal
H. M. C.
Akot Road, Akola

Certified that this document/

Affidavit contains Pages
From 1 to 1



Affidavit

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

Sr. No.	Information of Teacher	To be filled up by Teacher				
1.	Name of the Teacher	Dr. AMOL GAJANAN KUCAR				
2.	Teacher's code					
3.	Date of Birth	12/12/1989				
4.	UG Qualification	Name of Degree	BHMS			
		Passing Year	2021			
		University	MUHS, Nashik.			
5.	PG Qualification	Name of Subject	M.D. (ORGANON)			
		Passing Year	2022			
		University	MUHS, Nashik.			
6.	Additional qualification P.G.Diploma/Ph.D	Subject	--			
		Passing Year	--			
		University	--			
7.	Post wise details of Experience in chronological order from the date of initial appointment	Duration		Department (Subject)	Designa tion	Name of the college
		From date	To date			
		21/07/2022	Onwards	Hom. Organon	Lecturer	HMC, Akot- Road, Akola
8.	Presently working Department (Subject)	Hom. Organon				
9.	Present Designation	Lecturer				
10.	Nature of present appointment (regular /contract/deputation)	Regular				
11.	Permanent Residential Address	Keshav Nagar, Akola.				
12.	Local Residential Address	Keshav Nagar, Akola.				
13.	State Board / Council Registration details	Registration Number	59338			
14.	Mobile Number	Name of State Board	Maharashtra Council of Homoeopathy			
	Email ID	9561013111				
		k.amol007@rediffmail.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. I shall be liable for any disciplinary action.

Date:

Place : Akola

Signature of Deponent/ Teacher

I hereby solemnly affirm that the above information is correct as per my record and knowledge and I personally verified the above information with the original documents of the teacher. I 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.

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do swear in the name of God. Solemnly
Affirm that this is my name and Signature
or (Mark) and the contents of this
affidavit are true and correct

Signature of Deponent after verification



Adv. Mayur Y. Agrawal
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Behind Vitthal Mandir, Old City, AKOLA
Dist.AKOLA (M)

Signature of Principal With Stamp

H. M. C.
Akot Road, Akola

