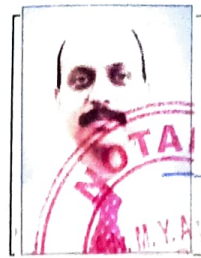


Affidavit



I Dr. Sandip Phadke, aged 50 Years, S/o Raghunath Phadke Joined in this Homoeopathic Medical College, Akot-Road, Akola. On 07/01/2016 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. SANDIP RAGHUNATH PHADKE				
2.	Teacher's code					
3.	Date of Birth	1972				
4.	UG Qualification	Name of Degree	MBBS			
		Passing Year	1993			
		University	Nagpur University			
5.	PG Qualification	Name of Subject	MD (OBST/GYNAC)			
		Passing Year	1997			
		University	Nagpur University			
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	OBST/GYNAC	Guest Professor	HMC, Akot- Road, Akola
		07/01/2016	onwards			
8.	Presently working Department (Subject)	OBST/GYNAC				
9.	Present Designation	Guest Professor				
10.	Nature of present appointment (regular /contract/deputation)	Regular				
11.	Permanent Residential Address	Phadke Hospital, Jatharpath, Akola.				
12.	Local Residential Address	Phadke Hospital, Jatharpath, Akola.				
13.	State Board / Council Registration details	Registration Number	75489			
		Name of State Board	MMC Mumbai			
14.	Mobile Number	9422862685				
	Email ID					
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

Sandip Phadke
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: 23/12/2022
Place: Akola

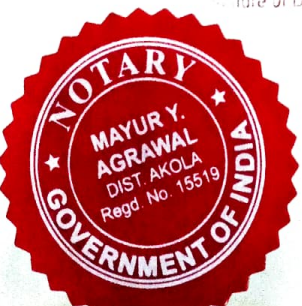
Sandip Phadke
I do swear in the name of God. Solemnly affirm that this is my name and Signature or (Marks) and that the contents of this affidavit are true and correct.
Sandip Phadke
Signature of Deponent after registration

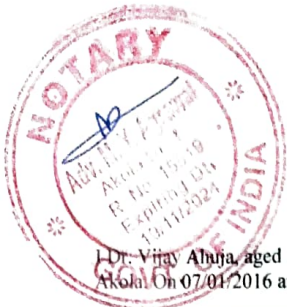


H.M.C.
Signature of Principal with Stamp
Principal
H. M. C.
Akot Road, Akola

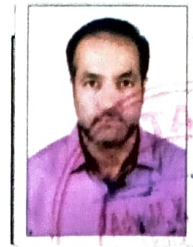
Mayur Y. Agrawal
Adv. Mayur Y. Agrawal
NOTARY 23/12/2022
GOVT. OF INDIA - Reg No 15519
Behind Vitthal Mandir, Old City, AKOLA
Dist. AKOLA (M)

Certified that this document /
Affidavit contains Pages
From 1 to *One only*





Affidavit



Dr. Vijay Ahuja, aged 51 Years, S/o Keshavdas Ahuja Joined in this Homoeopathic Medical College, Akola - Road, Akola On 07/01/2016 and the detail of my qualification and experience are mentioned below.

Table with 15 rows and 4-5 columns containing teacher information: Name, code, birth date, UG/PG qualifications, experience details, addresses, and contact info.

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

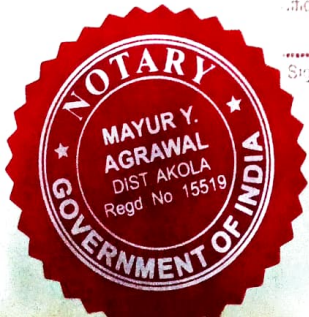
Vijay Keshavdas Ahuja
I swear in the name of God Solemnly affirm that this is my name and Signature (Marks) and that the contents of this affidavit are true and correct

Signature of Deponent after attestation



Dr. S. H. Tiwari
Principal
H. M. C.
Akot Road, Akola

Adv. Mayur Y. Agrawal
NOTARY 23/12/2022
GOVT. OF INDIA - Reg.No.15519
Behind Vitthal Mandir, Old City, AKOLA;
Dist.AKOLA (M)





Affidavit



I Dr. Babita Ahuja, aged 49 Years, w/o Vijay Ahuja Joined in this Homoeopathic Medical College, Akot - Road, Akola. On 07/01/2016 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. BABITA VIJAY AHUJA				
2.	Teacher's code					
3.	Date of Birth	04/12/1973				
4.	UG Qualification	Name of Degree	BDS			
		Passing Year	1996			
		University	Nagpur University			
5.	PG Qualification	Name of Subject	--			
		Passing Year	--			
		University	--			
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			
		07/01/2016	onwards	Medicine	Guest Professor	HMC, Akot- Road, Akola
8.	Presently working Department (Subject)	Medicine				
9.	Present Designation	Guest Professor				
10.	Nature of present annointment (regular /contract/deputation)	Regular				
11.	Permanent Residential Address	Vrudavan Sambhaji Nagar, Akola				
12.	Local Residential Address	Vrudavan Sambhaji Nagar, Akola				
13.	State Board / Council Registration details	Registration Number	A-6353			
		Name of State Board	MDC Mumbai			
14.	Mobile Number	9850055393				
	Email ID	Bvahuja98@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

Babita Ahuja
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: 23/12/2022
Place: Akola

Babita Ahuja
do swear in the name of God Solemnly
firm that this is my name and Signature
(Marks) and that the contents of the
affidavit are true and correct
Babita Ahuja
Signature of Deponent after attestation:

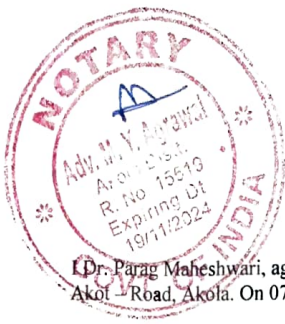


Principa
Signature of Principal with Stamp
Principal
H. M. C.
Akot Road, Akola
Adv. Mayur Y. Agrawal
NOTARY 23/12/2022
GOVT. OF INDIA - Reg.No.15519
Behind Vitthal Mandir, Old City, AKOLA,
Dist.AKOLA (M)



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Affidavit contains Pages
From 1 to *One only*





Affidavit



Dr. Parag Maheshwari, aged 53 Years, S/o Nandkishor Maheshwari Joined in this Homoeopathic Medical College, Akot Road, Akola. On 07/01/2016 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. PARAG NANDKISHOR MAHESHWARI				
2.	Teacher's code					
3.	Date of Birth	13/04/1969				
4.	UG Qualification	Name of Degree	MBBS			
		Passing Year				
		University	Amravati University			
5.	PG Qualification	Name of Subject	MD (Radiology)			
		Passing Year	1996			
		University	Pune University			
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			
		07/01/2016	onwards	Radiology	Guest Professor	HMC, Akot- Road, Akola
8.	Presently working Department (Subject)	Radiology				
9.	Present Designation	Guest Professor				
10.	Nature of present appointment (regular /contract/deputation)	Regular				
11.	Permanent Residential Address	Holy Cross Convent Road, Akola.				
12.	Local Residential Address	Holy Cross Convent Road, Akola.				
13.	State Board / Council Registration details	Registration Number	79323			
		Name of State Board	MMC Mumbai			
14.	Mobile Number	9823188182				
	Email ID	--				
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: 23/12/2022
Place: Akola

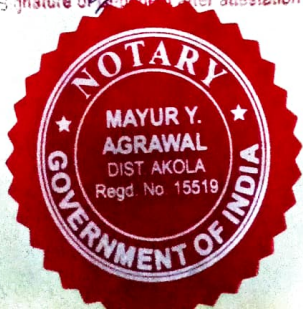
Certified that this document
Affidavit contains Pages
From 1 to One only



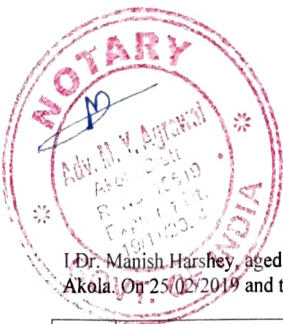
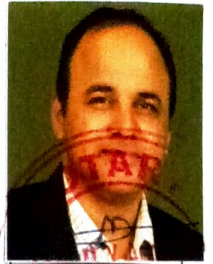
Signature of Principal
Principal
H. M. C.
Akot Road, Akola

Adv. Mayur Y. Agrawal

NOTARY 23/12/2022
GOVT. OF INDIA - Reg.No.15519
Behind Vitthal Mandir, Old City, AKOLA
Dist. AKOLA (M)



Affidavit



I, Dr. Manish Harshey, aged 46 Years, S/o Avinash Joined in this Homoeopathic Medical College, Akot - Road, Akola, On 25/02/2019 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. MANISH AVINASH HARSHEY				
2.	Teacher's code					
3.	Date of Birth	03/03/1976				
4.	UG Qualification	Name of Degree				
		Passing Year				
		University				
5.	PG Qualification	Name of Subject		MS Ophthalmology		
		Passing Year		2003		
		University		Jabalpur		
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			
		25/02/2019	onwards	Medicine	Guest Professor	HMC, Akot- Road, Akola
8.	Presently working Department (Subject)	Medicine				
9.	Present Designation	Guest Professor				
10.	Nature of present appointment (regular /contract/deputation)	Regular				
11.	Permanent Residential Address	Rautwadi, Akola.				
12.	Local Residential Address	Rautwadi, Akola.				
13.	State Board / Council Registration details	Registration Number	2882			
		Name of State Board	MPMC			
14.	Mobile Number	9404092765				
	Email ID					
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.

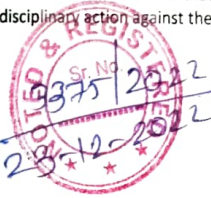
Date:
Place : Akola

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: 23/12/2022
Place: Akola

Manish Avinash Harshey
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.

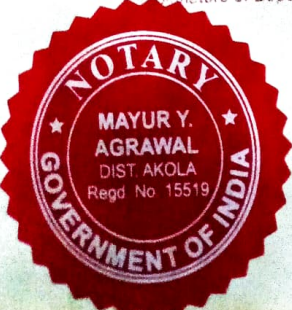


Certified that this document / Affidavit contains Pages 2 From 1 to 2 only

Signature of Principal with Stamp

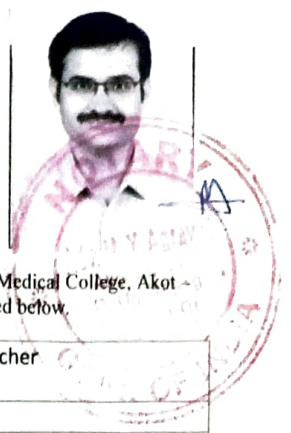
H. M. C.
Principal
H. M. C.
Akot Road, Akola

Adv. Mayur Y. Agrawal
NOTARY 23/12/2022
GOVT. OF INDIA - Reg.No.15519
Behind Vitthal Mandir, Old City, AKOLA
Dist. AKOLA (M)





Affidavit



I Dr. Ajaysing Chavan, aged 58 Years, S/o Vijaysing Chavan Joined in this Homoeopathic Medical College, Akot - Road, Akola. On 07/11/2022 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. AJAYSING VIJAYSING CHAVAN				
2.	Teacher's code					
3.	Date of Birth	13/02/1981				
4.	UG Qualification	Name of Degree	MBBS			
		Passing Year	2003			
		University	MUHS University			
5.	PG Qualification	Name of Subject	--			
		Passing Year	--			
		University	--			
6.	Additional qualification P.G.Diploma/Ph.D	Subject	General Surgery			
		Passing Year	2010			
		University	N.B.E., New Delhi			
7.	Post wise details of Experience in chronological order from the date of initial appointment	Duration		Department (Subject)	Designation	Name of the college
		From date	To date			
		07/11/2022	onwards	Surgery	Guest Professor	HMC, Akot- Road, Akola
8.	Presently working Department (Subject)	Surgery				
9.	Present Designation	Guest Professor				
10.	Nature of present appointment (regular /contract/deputation)	Regular				
11.	Permanent Residential Address	Ganesh Nagar, Small Umri, Near SB Colony No.5, Akola.				
12.	Local Residential Address	Ganesh Nagar, Small Umri, Near SB Colony No.5, Akola.				
13.	State Board / Council Registration details	Registration Number	2004/09/3478			
		Name of State Board	MMC Mumbai			
14.	Mobile Number	8208049409				
	Email ID	prataphospital123@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: 23/12/2022

Place: Akola

Ajaysing chavan

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)

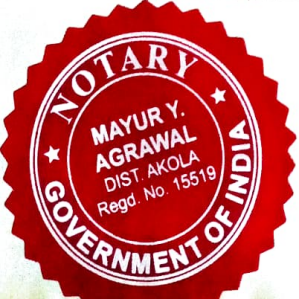


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Affidavit contains Pages
From 1 to One only

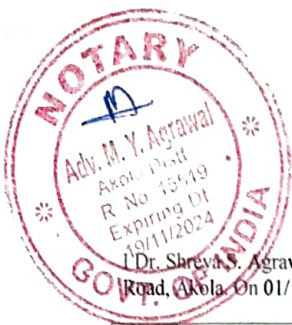
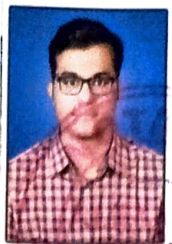
Signature of Principal with Stamp

Dr. S. U. Tiwari
Principal
H. M. C.
Akot Road, Akola

Adv. Mayur Y. Agrawal
NOTARY 23/12/2022
GOVT. OF INDIA - Reg.No 15519
Behind Vitthal Mandir, Old City, AKOLA
Dist.AKOLA (M)



Affidavit



Dr. Shreya S. Agrawal, aged 34 Years, S/o Sushil Agrawal Joined in this Homoeopathic Medical College, Akot-Road, Akola. On 01/11/2022 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. SHREYA SUSHIL AGRAWAL				
2.	Teacher's code					
3.	Date of Birth	06/09/1988				
4.	UG Qualification	Name of Degree	M.B.B.S			
		Passing Year	2011			
		University	Nashik University			
5.	PG Qualification	Name of Subject	Emergency Medicine Surgery			
		Passing Year	2019			
		University	National Board of Examination			
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			
		01/11/2022	onwards	Medicine	Guest Professor	HMC, Akot- Road, Akola
8.	Presently working Department (Subject)	Medicine				
9.	Present Designation	Guest Professor				
10.	Nature of present appointment (regular /contract/deputation)	Regular				
11.	Permanent Residential Address	Shiv Prabha Adharsh Colony, Akola				
12.	Local Residential Address	Shiv Prabha Adharsh Colony, Akola				
13.	State Board / Council Registration details	Registration Number	MCI/13-50617			
		Name of State Board				
14.	Mobile Number	9422132314				
	Email ID	priyanka.agrawal0724@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.

Certified that this document!

Date: 23/12/2022
Place: Akola

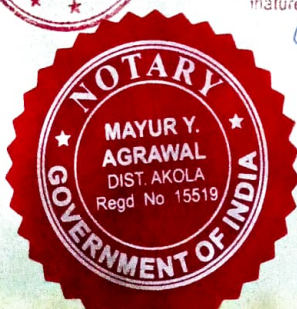
**Affidavit contains Pages
From 1 to One only**

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

Principal
H. M. C.
Akot Road, Akola

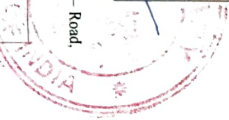
Adv. Mayur Y. Agrawal
NOTARY 23/12/2022
GOVT. OF INDIA - Reg.No.15519
Behind Vitthal Mandir, Old City, AKOLA
Dist.AKOLA (M)



Affidavit



I, Ranjit B. Korde, aged 51 Years, S/o Balkrishna Korde, joined in this Homoeopathic Medical College, Akola - Road, Dist. Akola, Maharashtra, on 12/12/2016 and the detail of my qualification and experience are mentioned below.



5. Information of Teacher		To be filled up by Teacher			
1.	Name of the Teacher	Dr. RANJIT BALKRISHNA KORDE			
2.	Teacher's code				
3.	Date of Birth	21/06/1971			
4.	UG Qualification	Name of Degree	M.B.B.S		
		Passing Year	1998		
		University	Nagpur University		
5.	PG Qualification	Name of Subject	--	Department (Subject)	Designat
		Passing Year	--	on	the college
		University	--	Guest	HMC, Akol-
6.	Additional qualification	Subject	--	Professor	Road, Akola
	P.G.Diploma/Ph.D	Passing Year	--		
7.	Post wise details of Experience in chronological order from the date of initial appointment	Duration			
		From date	To date		
		07/01/2016	onwards	Medicine	
8.	Presently working Department (Subject)	Medicine			
9.	Present Designation	Guest Professor			
10.	Nature of present appointment (regular/contract/deputation)	Regular			
11.	Permanent Residential Address	Vrundavan, 75 Adharshi Colony, Akola			
12.	Local Residential Address	Vrundavan, 75 Adharshi Colony, Akola			
13.	State Board / Council	Registration Number	091487		
14.	Mobile Number	Name of State Board	9823370420		
15.	Name of the Principal of college	Vaishalkorde14@gmail.com			
		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

Ranjit B. Korde
I swear in the name of God, Solemnly affirm that this is my name and Signature (Marks) and that the contents of this affidavit are true and correct.



Signature of Principal with Stamp
Principal
H. M. C.
Akola Road, Akola

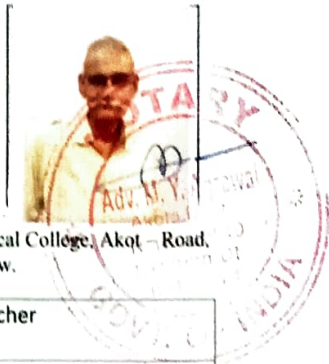
I certify that this document is true and correct as per my records and knowledge.

Adv. Mahesh T. Agrawal
NOTARY PUBLIC
Govt. of India - Reg No. 15519
Behind Vithal Mandir, Old City, Akola,
Dist. Akola, (M)

Affidavit contains Pages 1
From 1 to 1 only



Affidavit



I Dr. Mahendra Kale, aged 58 Years, S/o Rambhau Kale Joined in this Homoeopathic Medical College, Akot - Road, Akola. On 07/11/2022 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. MAHENDRA RAMBHAU KALE				
2.	Teacher's code					
3.	Date of Birth	07/04/1964				
4.	UG Qualification	Name of Degree	MBBS			
		Passing Year	1986			
		University	Nagpur University			
5.	PG Qualification	Name of Subject	M.S. (Orthopedic)			
		Passing Year	1991			
		University	Nagpur University			
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			
		07/11/2022	onwards	Surgery	Guest Professor	HMC, Akot- Road, Akola
8.	Presently working Department (Subject)	Surgery				
9.	Present Designation	Guest Professor				
10.	Nature of present appointment (regular /contract/deputation)	Regular				
11.	Permanent Residential Address	Near Lady Hording Hospital, Akola.				
12.	Local Residential Address	Near Lady Hording Hospital, Akola.				
13.	State Board / Council Registration details	Registration Number	59062			
		Name of State Board	MMC Mumbai			
14.	Mobile Number	9423426597.				
	Email ID	drkale123@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.

Date: 23/12/2022
Place: Akola Mahendra Rambhau Kale

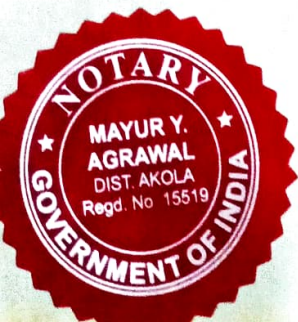
I do hereby swear in the name of God. Solemnly affirm that this is my name and Signature or (Marks) and that the contents of this affidavit are true and correct.

Signature of Deponent after attestation

Certified that this document/
Affidavit contains Page
from 1 to one only

Signature of Principal with Stamp
Dr. S. U. Tiwari
 Principal
 H. M. C.
 Akot Road, Akola

Adv. Mayur Y. Agrawal
 NOTARY
 GOVT. OF INDIA - Reg No 15519
 Behind Vitthal Mandir, Old City, AKOLA.
 Dist. AKOLA (M)





Affidavit



I Dr. Ranjeet Deshmukh, aged 59 Years, S/o Nilkanthrao Deshmukh Joined in this Homoeopathic Medical College, Akot Road, Akola. On 07/01/2016 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. RANJEET NILKANTHRAO DESHMUKH				
2.	Teacher's code					
3.	Date of Birth	19/03/1963				
4.	UG Qualification	Name of Degree	MBBS			
		Passing Year	1994			
		University	Nagpur University			
5.	PG Qualification	Name of Subject	P.G. (Orthopedic)			
		Passing Year	1999			
		University	Nagpur University			
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)	Designation	Name of the college
		From date	To date			
		07/01/2022	onwards	Surgery	Guest Professor	HMC, Akot- Road, Akola
8.	Presently working Department (Subject)	Surgery				
9.	Present Designation	Guest Professor				
10.	Nature of present appointment (regular /contract/deputation)	Regular				
11.	Permanent Residential Address	Ranpise Nagar, Near Professor colony, Akola				
12.	Local Residential Address	Ranpise Nagar, Near Professor colony, Akola				
13.	State Board / Council Registration details	Registration Number	077324			
		Name of State Board	MMC Mumbai			
14.	Mobile Number	9922060060				
	Email ID	brrndeshmukh@yahoo.in				
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

Ranjeet
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

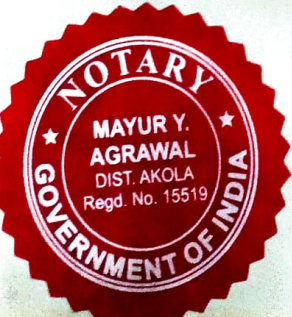
Ranjeet N. Deshmukh
I swear in the name of God Solemnly affirm that this is my name and Signature or (Marks) and that the contents of this affidavit are true and correct.
Ranjeet
Signature of Deponent after attestation



Sanjay
Signature of Principal with Stamp
Dr. S. U. Tiwari
Principal
R. M. C.
Akot Road, Akola

**Certified that this document/
Affidavit contains Pages
From 1 to one only**

Adarsh Y. Agrawal
Adv. Mayur Y. Agrawal
NOTARY 23/12/2022
GOVT OF INDIA - Reg No. 15519
Behind Vitthal Mandir, Old City, AKOLA
Dist AKOLA (M)





Affidavit

G. J. Dr. Smita Maheshwari, aged 53 Years, S/o Prang Maheshwari Joined in this Homoeopathic Medical College, Akola Road, Akola, On 07/01/2016 and the detail of my qualification and experience are mentioned below.

To be filled up by Teacher

5.	Information of Teacher	Dr. SMITA PARAG MAHESHWARI					
1.	Name of the Teacher	Dr. SMITA PARAG MAHESHWARI					
2.	Teacher's code	11/04/1969					
3.	Date of Birth	Name of Degree		M.B.B.S			
4.	UG Qualification	Passing Year		University			
5.	PG Qualification	Name of Subject		MID Pathologist			
6.	Additional qualification	Passing Year		1998			
7.	Post wise details of Experience	University		Pune University			
	In chronological order from the date of initial appointment	Subject		Pathology			
		Passing Year		--			
8.	Presently working Department (Subject)	University		--			
9.	Present Designation	Duration		Department (Subject)		Designati on	
10.	Nature of present appointment (regular /contract/deputation)	From date		Pathology		Guest	
11.	Permanent Residential Address	To date		Pathology		Professor	
12.	Local Residential Address	07/01/2016		onwards			
13.	State Board / Council	Holy Cross Convent Road, Akola.		Holy Cross Convent Road, Akola.			
14.	Registration details	Registration Number		79663			
		Name of State Board		MNC Munhai.			
	Mobile Number	9823188182					
	Email ID	--					
15.	Name of the Principal of college	Dr. Smitaykumar 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 violation 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: 03/12/2012
Place: Akola

Affidavit contains Page One only

To swear in the name of God. Solemnly affirm that this is my own and Signature of (Witness) and the contents of this affidavit are true and correct.

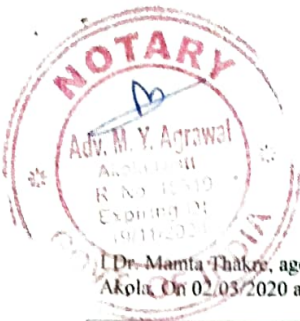
Signature of Deponent after attestation)



Signature of Notary Public
Principal
M. 98 C.
Adv. Maheshwari, Agramwal
NOTARY 23/12/2012
GOVT OF INDIA - Rsg No.15519
Behind Vibhal Member, Old City, AKOLA.
Dist: AKOLA (M) ...



Affidavit



I Dr. Mamta Thakre, aged 43 Years, S/o Vithalrao Thakre Joined in this Homoeopathic Medical College, Akot - Road, Akola, On 02/03/2020 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. MAMTA VITHALRAO THAKRE				
2.	Teacher's code					
3.	Date of Birth	26/09/1979				
4.	UG Qualification	Name of Degree	BPTH			
		Passing Year	2004			
		University	MUHS Nashik.			
5.	PG Qualification	Name of Subject	PG Diploma			
		Passing Year	2007			
		University	AII OF PHY.M & Rehabilitation Mumbai			
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)	Designation	Name of the college
		From date	To date	BPTH	Professor	HMC, Akot- Road, Akola
		02/03/2020	onwards			
8.	Presently working Department (Subject)	BPTH				
9.	Present Designation	Guest Professor				
10.	Nature of present appointment (regular /contract/deputation)	Regular				
11.	Permanent Residential Address	Kirti Nagar, Akola.				
12.	Local Residential Address	Kirti Nagar, Akola.				
13.	State Board / Council Registration details	Registration Number	2010/09/PT/001291			
		Name of State Board	MSC BPTH Mumbai			
14.	Mobile Number	9850396693				
	Email ID	Drmamta29@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

x

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: 23/12/2022
Place: Akola

Mamta Vithalrao Thakre

I swear in the name of God. Solemnly affirm that this is my name and Signature (Marks) and that the contents of this affidavit are true and correct.
Mamta Thakre
Signature of Deponent after attestation)

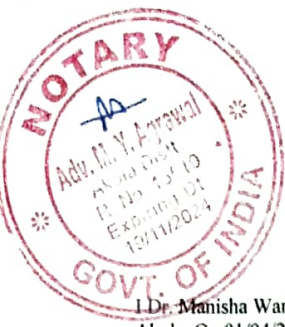


Dr. S. Tiwari
Signature of Principal with Stamp
Principal
H. M. C.
Akot Road, Akola

Certified that this document
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Adv. Mayur Y. Agrawal
NOTARY 23/12/2022
GOVT OF INDIA - Reg No 1854
Behind Vitthal Mandir, Old City AKOLA
Dist.AKOLA (M)





Affidavit



I Dr. Manisha Warade, aged 42 Years, S/o Pravin Warade Joined in this Homocopathic Medical College, Akot - Road, Akola. On 01/04/2017 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. MANISHA PRAVIN WARADE				
2.	Teacher's code					
3.	Date of Birth	28/02/1980				
4.	UG Qualification	Name of Degree	B.Sc.			
		Passing Year	2001			
		University	Amravati University			
5.	PG Qualification	Name of Subject	M.Sc. (DFSM)			
		Passing Year	2016			
		University	Open University			
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			
		01/04/2017	onwards	Medicine	Guest Professor	HMC, Akot- Road, Akola
8.	Presently working Department (Subject)	Medicine				
9.	Present Designation	Professor				
10.	Nature of present annintment (regular /contract/deputation)	Regular				
11.	Permanent Residential Address	Gupte Marg, Jatharpeth, Akola.				
12.	Local Residential Address	Gupte Marg, Jatharpeth, Akola.				
13.	State Board / Council Registration details	Registration Number	IG29-81352			
		Name of State Board	New Delhi			
14.	Mobile Number	8087811359				
	Email ID	manishapwarade@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

Manisha
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: 23/12/2022
Place: Akola

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



Signature of Deponent after attestation:

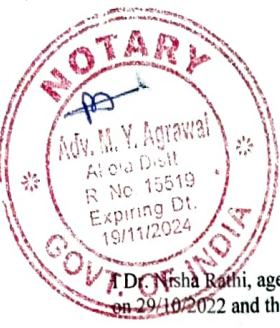
Dr. S. U. Tiwari
Signature of Principal with Stamp
Dr. S. U. Tiwari
Principal
H. M. C.
Akot Road, Akola

Adv. Mayur Y. Agrawal
NOTARY 23/12/2022
GOVT. OF INDIA - Reg No 15519
Behind Vitthal Mandir, Old City, AKOLA,
DIST. AKOLA (W)

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Affidavit contains Page
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Affidavit



T.D. Nisha Rathi, aged 31 Years, S/o Anilkumar Joined in this Homoeopathic Medical College, Akot - Road, Akola. on 29/10/2022 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. NISHA ANILKUMAR RATHI				
2.	Teacher's code					
3.	Date of Birth	12/01/1991				
4.	UG Qualification	Name of Degree	M.B.B.S			
		Passing Year	2014			
		University	Nashik University			
5.	PG Qualification	Name of Subject	Anesthesia			
		Passing Year	2022			
		University	Nashik University			
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			
		29/10/2022	Onwards	Physiology	Guest Professor	HMC, Akot- Road, Akola
8.	Presently working Department (Subject)	Physiology				
9.	Present Designation	Guest Professor				
10.	Nature of present appointment (regular /contract/deputation)	Regular				
11.	Permanent Residential Address	Ranpise Nagar, Akola.				
12.	Local Residential Address	Ranpise Nagar, Akola.				
13.	State Board / Council Registration details	Registration Number	2015/06/3455			
		Name of State Board				
14.	Mobile Number	7499804126				
	Email ID	Nishurathi91@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: 16/11/2023
Place : Akola

[Signature]
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: 16/11/2023
Place: Akola

**Certified that this document /
Affidavit contains Pages
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[Signature]
Signature of Principal with Stamp
Dr. S. U. Tiwari
Principal
R. M. C.
Akot Road, Akola

Nisha A. Rathi
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]
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)

