



Dr. Sandin 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		T	o be f	filled up by Te	acher	CENT.
1.	Name of the Teacher	Dr. SANDIP I	RAGHUI	NATH	PHADKE		-
2.	Teacher's code					700	L.Sienado
3.	Date of Birth	1972					
4.	UG Qualification	Name of De	ree	MB	BS		
		Passing Year	And in case of the last of the	199.	3		
		University		Nag	pur University	,	
5.	PG Qualification	Name of Sub	iect		(OBST/GYN		
		Passing Year		199			
		University		Nagi	our University		
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	07/01/2016	onwa	ırds	OBST/GYNAC	Guest Professor	HMC, Akot- Road, Akola
8.	Presently working Department (Subject)	OBST/GYN/	AC				
9.	Present Designation	Guest Professo	or				
10.	Nature of present appointment (regular /contract/deputation)	Regular					
11.	Permanent Residential Address	Phadke Hosp	ital, Jatl	harpe	th, Akola.		
12.	Local Residential Address	Phadke Hosp	ital, Jatl	harpe	th, Akola.		
13.	State Board / Council	Registration I	Number	75	5489		
	Registration details	Name of Stat	e Board	I M	IMC Mumbai		
14.	Mobile Number	9422862685					
	Email ID						
15.	Name of the Principal of college	Dr. Sanjayku	mar U.	Tiwar	·i		

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

Signature of Principal With Stamp

Principal

H.M.C.

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.

Date: 23 12/10 L1
Place: Akola

ignature afirm that th hts of this or (Marks) flidavit are tr

Certified that this document /

Affidavit contains Pages

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

NOTARY23/12/2012



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Dr. Vijav Aluja, aged 51 Years, S/o Keshavdas 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.

STREET, SQLA	Auto-professor W					18	WILL EN
Sr. No.	Information of Teacher		T	o be t	filled up by Te	acher	1
1.	Name of the Teacher	Dr. VIJAY KES	HAVDA	AS AH	IUJA		
2.	Teacher's code						
3.	Date of Birth	03/02/1971					
4.	UG Qualification	Name of Deg	ree	MB	BS		
		Passing Year		199	2		
		University		NA	GPUR Univers	ity	
5.	PG Qualification	Name of Sub	ject				
		Passing Year					
		University					
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	07/01/2016	onwards		Medicine	Guest Professor	HMC, Akot- Road, Akola
8.	Presently working Department (Subject)	Medicine					
9.	Present Designation	Guest Professo	r				
10.	Nature of present appointment (regular /contract/deputation)	Regular					
11.	Permanent Residential Address	Vrudavan Sa	mbhaji	Naga	r, Akola		
12.	Local Residential Address	Vrudavan Sa	mbhaji	Naga	r, Akola		
13.	State Board / Council	Registration I	Numbe	r 0	73179		
	Registration details	Name of Stat	e Board	A k	MMC Mumbai		
14.	Mobile Number	9881158393					
	Email ID	vijayahuja886	59@gm	ail.cc	om		
15.	Name of the Principal of college	Dr. Sanjayku	mar U.	Tiwa	ri		
Lharah	y colomply affirm that the above information	!			11		

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

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.

Date:

Place: Akola

Certified that this document /

Affidavit contains Pages

From 1 to One only

wear in the name of God Solemny firm that this is my name and Signature or (Marks) and that the contents of this didwit are true and correct.

Signature of Deponent after attestation)

Dr. S. H. Tiwari Principal H. M. C.

Adv. Mayor Y. Agrawal NOTARY 23 /12 2

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













1 Dr. Babra 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.	Information of Teacher		To	o be f	illed up by Tea	acher	
1.	Name of the Teacher	Dr. BABITA V	IJAY AF	ALUF			
2.	Teacher's code						
3.	Date of Birth	04/12/1973					
4.	UG Qualification	Name of Deg	ree	BDS	S		
		Passing Year		199	6		
		University		Nag	pur University	1	
5.	PG Qualification	Name of Sub	ject				
		Passing Year					
		University					
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	07/01/2016	onwa	ards	Medicine	Guest Professor	HMC, Akot- Road, Akola
8.	Presently working Department (Subject)	Medicine					
9.	Present Designation	Guest Professo	or				
10.	Nature of present appointment (regular /contract/deputation)	Regular					
11.	Permanent Residential Address	Vrudavan Sa	mbhaji	Naga	ır, Akola		
12.	Local Residential Address	Vrudavan Sa			ır, Akola		
13.	State Board / Council	Registration	Numbe	er A	A-6353		
	Registration details	Name of Stat	e Boar	d N	MDC Mumbai		
14.	Mobile Number	9850055393					
	Email ID	Bvahuja98@	rediffm	ail.co	m		
15.	Name of the Principal of college	Dr. Sanjayku	mar U.	Tiwa	ıri		

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

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.

Date: 23/12/2012

Place: Akola

MAYUR Y. AGRAWAL DIST. AKOLA Babita Ahya
do sweet in the name of God Solemny

of swear in the name of Good Solembry firm that this is my name and Signature or (Atarks) and that the contents of the idevit are true and services.

include of Deponent after attestation)

Sig

Signature SPrincipal With Stamp
Principal
H. M. C.

Adv. Washing

NOTARY 23/12/10/22
GOVT. OF INDIA - Reg.No. 15519
hind Vittael Mandir, Old City, AKO: A

Rehind Vitthal Mandir, Old City, AKOLA Dist.AKOLA (M)



Certified that this document /

MARIAL NOTABIAL

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Or. 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.

-	VA. U.S. A. S. S. A. S.					1.4	had I down to the
Sr. No.	Information of Teacher		T	o be f	filled up by Te	acher	COF.
1.	Name of the Teacher	Dr. PARAG N	IANDKI	SHOR	MAHESHWAI	RI	
2.	Teacher's code						
3.	Date of Birth	13/04/1969					
4.	UG Qualification	Name of Deg	gree	MB	BS		
		Passing Year					
		University		Am	ravati Univers	sity	
5.	PG Qualification	Name of Sub	ject	MD	(Radiology)		
		Passing Year		199	6		
		University		Pun	e University		
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	07/01/2016	onwa	ırds	Radiology	Guest Professor	HMC, Akot- Road, Akola
8.	Presently working Department	Radiology					
	(Subject)						
9.	Present Designation	Guest Professo	r				
10.	Nature of present appointment (regular /contract/deputation)	Regular					
11.	Permanent Residential Address	Holy Cross C	onvent	Road	, Akola.		
12.	Local Residential Address	Holy Cross C	onvent	Road	, Akola.		
13.	State Board / Council	Registration N	Number	79	9323		
	Registration details	Name of State	e Board	l M	IMC Mumbai		
14.	Mobile Number	9823188182					
	Email ID						
15.	Name of the Principal of college	Dr. Sanjaykur	nar U.	Tiwar	·i		

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

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.

Date: 23 12 1012 Place: Akola

was to swear in the name of God Solemny thirm that this is my name and Signature or (Marks) and that the contents of this ifidavit are true and correct

ter attestation) s ghature of



Certified that this document Affidavit contains Pages From 1 to One



Signature of Principal Wilder Stamp Principal

H.M.C

GOVT. OF INDIA - Reg Rehind Vitthal Mandir, Old City, AKOLA

DISLAKOLA (AC)







LDr. 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.

5 400	The same of the sa					12	1 2 2
Sr. No.	Information of Teacher		Т	o be f	illed up by Te	acher	
1.	Name of the Teacher	Dr. MANISH	AVINAS	SH НА	RSHEY	100	ALL CONTRACTOR
2.	Teacher's code						The state of the s
3.	Date of Birth	03/03/1976					
4.	UG Qualification	Name of Deg	gree				
		Passing Year					
		University					
5.	PG Qualification	Name of Sub	ject	MS	Ophthalmolog	gy	
		Passing Year	-	2003	3		
		University		Jaba	lpur		
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	25/02/2019	onwa	ards	Medicine	Guest Professor	HMC, Akot- Road, Akola
8.	Presently working Department (Subject)	Medicine					
9.	Present Designation	Guest Professo	or				
10.	Nature of present appointment (regular /contract/deputation)	Regular					
11.	Permanent Residential Address	Rautwadi, Al	kola.				
12.	Local Residential Address	Rautwadi, Al	kola.				
13.	State Board / Council	Registration	Numbe	r 2	882		
	Registration details	Name of Stat	e Board	d N	IPMC		
14.	Mobile Number	9404092765					
	Email ID		·.				
15.	Name of the Principal of college	Dr. Sanjayku	mar U.	Tiwa	ri		

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

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.

Date: 13/12/2012

Place: Akola

o swear in the name of God firm that this is my nan e and Signature

or (Marks) and that the contents of this affidavit are true and provided

reture of Deponent after attestation

Certified that this document

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Signature president With Stamp

H.M.C. Akut Road, Akola

NOTARY23

GOVT. OF INDIA - Reg. Behind Vilthal Mandir, Old City, AKOLA

Dist AriOLA (













1 Dr. Alaysing Chavan, aged 58 Years, S/o Vijaysing Chavan Joined in this Homoeopathic Medical College, Akot Road, Akota. On 07/11/2022 and the detail of my qualification and experience are mentioned below.

Sr.	Information of Teacher		T	o be f	filled up by Te	acher 🦪	
No.							1:05
1.	Name of the Teacher	Dr. AJAYSIN	IG VIJA	YSIN	G CHAVAN		The Property of the Party of th
2.	Teacher's code						
3.	Date of Birth	13/02/1981					
4.	UG Qualification	Name of Deg	gree	MB	BS		
		Passing Year		200.	3		
		University		MU	HS University		
5.	PG Qualification	Name of Sub	ject				
		Passing Year					
		University					
6.	Additional qualification	Subject		Gen	eral Surgery		
	P.G.Diploma/Ph.D	Passing Year		2010	0		
		University		N.B	.E., New Delh	ni	
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	07/11/2022	onwa	ırds	Surgery	Guest Professor	HMC, Akot- Road, Akola
8.	Presently working Department (Subject)	Surgery					
9.	Present Designation	Guest Professo	or				
10.	Nature of present appointment (regular /contract/deputation)	Regular					
11.	Permanent Residential Address	Ganesh Naga	r, Smal	l Umi	ri, Near SB Co	olony No.5,	Akola.
12.	Local Residential Address	Ganesh Naga	r, Smal	l Umi	ri, Near SB Co	olony No.5,	Akola.
13.	State Board / Council	Registration I	Number	r 20	004/09/3478		
	Registration details	Name of Stat	e Board	l M	1MC Mumbai		
14.	Mobile Number	8208049409					
	Email ID	prataphospit	al123@	gmail	.com		
15.	Name of the Principal of college	Dr. Sanjayku	mar U.	Tiwa	ri		

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

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.

Date: 23 12 2012 Place: Akola

o swear in the rame of God, Solemny offern that this is my name and Signature or (Marks) and that the contents of this affidavit are true and sorreal.

Signature of Deportent after attestation)



Affidavit contains Pages
From 1 to One only

Signature of Principal with Stamp Principal

H. M. C. Akut Road, Akola

Adv. Manar I. Agrawal

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









Shreya 3. Agrawal, aged 34 Years, S/o Sushil Agrawal Joined in this Homoeopathic Medical College, Akot-Road, Nolson 01/11/2022 and the detail of my qualification and experience are mentioned below.

Sr.							Office
Sr. No.	Information of Teacher		T	o be fi	lled up by Te	acher	OF
1.	Name of the Teacher	Dr. SHREYA	SUSHI	L AGF	RAWAL		
2.	Teacher's code						
3.	Date of Birth	06/09/1988					
4.	UG Qualification	Name of Deg	ree	M.B	.B.S		
		Passing Year		2011			
		University		Nasl	nik University		
5.	PG Qualification	Name of Sub	iect		rgency Medic		v
		Passing Year		2019			,
		University		Nati	onal Board of	Examinati	on
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	01/11/2022	onwa	ards	Medicine	Guest	HMC, Akot-
						Professor	Road, Akola
8.	Presently working Department	Medicine					
	(Subject)						
9.	Present Designation	Guest Professo	or				
10.	Nature of present appointment (regular /contract/deputation)	Regular					
11.	Permanent Residential Address	Shiv Prabha	Adhars	h Colo	ony, Akola		
12.	Local Residential Address	Shiv Prabha	Adhars	h Colo	ony, Akola		
13.	State Board / Council	Registration I			ICI/13-50617		
	Registration details	Name of Stat	e Boar	d			
14.	Mobile Number	9422132314					
	Email ID	priyanka.agra					
15.	Name of the Principal of college	Dr. Sanjayku					

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

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: 23/12/2012

Affidavit contains Pages

Place: Akola

to swear in the name of God Solemny uffirm that this is my name and Signature or (Marks) and the the contents of the affidavit are true and

nt after attestation

Signaturers Psincipal with Stamp

Principal H.M.C

NOTARY 23/12/2012

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











The Remark Corpe: aged 51 Years, Sto Balkrishna Korde Joined in this Homocopathic Medical College, Akot - Road Abdid On 10,201 (2016) and the detail of my qualification and experience are mentioned below.

-	-					The state of the s
No St	Information of Teacher		To b	To be filled up by Teacher	acher	1. 5
۲	Name of the Teacher	Dr. RANJIT BALKRISHNA KORDE	ALKRISH	INA KORDE		
'n	Teacher's code					
μ	Date of Birth	21/06/1971				
4	UG Qualification	Name of Degree		M.B.B.S		
		Passing Year	_	1998		
		University	7	Nagpur University		
'n	PG Qualification	Name of Subject	ect			
		Passing Year	;			
		University	:			
6.	Additional qualification	Subject	:			
	P.G.Diploma/Ph.D	Passing Year				
		University				
7.	Post wise details of Experience	Duration	ion	Department	Designati	Name of
	in chronological order from the	From date	To date	(Subject)	on	the college
	date of initial appointment	07/01/2016	onwards	Medicine	Guest Professor	HMC, Akot- Road, Akola
ίω	Presently working Department (Subject)	Medicine				
9.	Present Designation	Guest Professor				
10.	Nature of present appointment (regular /contract/deputation)	Regular				
11.	Permanent Residential Address	Vrundavan, 7:	5 Adharsl	Vrundavan, 75 Adharsh Colony, Akola		
12.	Local Residential Address	Vrundavan, 7:	5 Adharsl	Vrundavan, 75 Adharsh Colony, Akola		
13.	State Board / Council	Registration Number	lumber	091487		
	Registration details	Name of State Board	Board			
14.	Mobile Number	9823370420				
	Email ID	Vaishalikorde14@gmail.com	14@gmai	l.com		
15.	Name of the Principal of college	Dr. Sanjaykumar U. Tiwari	nar U. Ti	wari		
I hereb	I hereby solemnly affirm that the above information is correct as per my records and knowledge. I further affirm that I have not	n is correct as per	my records	and knowledge. I fo	urther affirm t	hat 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.

Place : Akola

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. 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.

Signature of Deponent/ Teacher

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Place: Akol

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Adv. Mayur Behind Vitthal Mandir, Old Signature of Frincipa Principal H. M. C. Alor Road, Alo NOTARY25 //2/2022 INDIA-Reg.No.15519 Mith Stamp Wa

Dist.AKOLA (M)

MONANC ELLED CELLE NOTARIAL

1 Dr. Mahendra Kale, aged 58 Years, S/o Rambhau Kale Joined in this Homocopathic Medical College, Akot Akola, On 07(1) 2022 and the detail of my qualification and experience are mentioned below.

Sr. No.	Information of Teacher		To	o be f	filled up by Te	acher	(9).T
1.	Name of the Teacher	Dr. MAHENI	DRA RA	MBH	IAU KALE	and the second s	Marian Marian
2.	Teacher's code						
3.	Date of Birth	07/04/1964					
4.	UG Qualification	Name of Deg	ree	MB	BS	-	g legy contribution to the contribution of the
	1000000	Passing Year	Section of the last of the las	198			
		University		Nag	pur University		
5.	PG Qualification	Name of Sub	ject		. (Orthopedic		
		Passing Year	-	199			
		University		Nag	pur University		
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	07/11/2022	onwa	ırds	Surgery	Guest Professor	HMC, Akot- Road, Akola
8.	Presently working Department (Subject)	Surgery					
9.	Present Designation	Guest Professo	or				
10.	Nature of present appointment (regular /contract/deputation)	Regular					
11.	Permanent Residential Address	Near Lady H	ording	Hosp	ital, Akola.		
12.	Local Residential Address	Near Lady H	ording	Hosp	ital, Akola.		
13.	State Board / Council	Registration	Numbe	r 5	9062		
	Registration details	Name of Stat	te Board	d k	AMC Mumbai		
14.	Mobile Number	9423426597					
	Email ID	drkale123@r	ediffma	ail.cor	n		
15.	Name of the Principal of college	Dr. Sanjayku	mar U.	Tiwa	ri		

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

Place: Akola

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.

Date: 23 /12/20

to swear in the name of God Solemny ffirm that this is my name and Signature or (Marks) and that the contents of this avit are true

Signature of Deponent after attestation

Certified that this document?

Affidavit contains Page

rom 1 to one only

Signature of Principal with Stamp Principal

H.M.C

NOTARY23/ GOVT. OF INDIA - Reg No.

Behind Vitthal Mandir, Old City, AKOL Dist.AKOLA (M)











1 Dr. Ranjeet Dechmukh, aged 59 Years, S/o Nilkanthrao Deshmukh Joined in this Homoeopathic Medical College. Akot Akola. On 07/01/2016 and the detail of my qualification and experience are mentioned below.

Sr. No.	Information of Teacher		To	be f	illed up by Te	acher	7
1.	Name of the Teacher	Dr. RANJEE	T NILK A	NTH	RAO DESHM	UKH	
2.	Teacher's code	O. Harabe	Merc		ICTO DESTIN	OKII	The same of
3.	Date of Birth	19/03/1963	ar Arabanian				
4.	UG Qualification	Name of Deg	ree	MBI	BS		
		Passing Year	and the second s	1994	1		
		University		Nag	pur University		
5.	PG Qualification	Name of Sub	iect	-	(Orthopedic)		
		Passing Year	_	1999			
		University		Nag	pur University		
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 da	ate	(Subject)	on	the college
	date of initial appointment	07/01/2022	onwa	rds	Surgery	Guest Professor	HMC, Akot- Road, Akola
8.	Presently working Department (Subject)	Surgery					
9.	Present Designation	Guest Professo	or				
10.	Nature of present appointment (regular /contract/deputation)	Regular					
11.	Permanent Residential Address	Ranpise Naga	ar,Near	Profe	ssor colony, A	Akola	
12.	Local Residential Address	Ranpise Naga	ar,Near	Profe	ssor colony, A	Akola	
13.	State Board / Council	Registration			77324		
	Registration details	Name of Stat	e Board	I M	IMC Mumbai		
14.	Mobile Number	9922060060					
	Email ID	brrndeshmuk	ch@yah	oo.in			
15.	Name of the Principal of college	Dr. Sanjayku	mar U.	Tiwai	·i		

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

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.

Place: Akglanteet swear in the name of God Solemny

fum that this is my name and Signature that the contents of this Tenulla.

Certified that this document?

Affidavit contains Pages From 1 to One

Signature of Principal with Stamp Principal H.M.C

12 NOTARY 23

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

MAYUR Y AGRAWA



ANCELLED NOTARIAL





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.

Place : Akoli

Signature of Deponent/ Teacher

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Certified that this document

Date: 23

12/2012

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or (Marks) and the to swear in the name

ints of the

Signature of Bankan

Princip H. M







Dr. Mamta Thakre, aged 43 Years, S/o Vithalrao Thakre Joined in this Homocopathic Medical College, Akpt - Road, Akola On 02/03/2020 and the detail of my qualification and experience are mentioned below,

The same	Service and Advantage of the Control				1	Townson !	15011	
Sr. No.	Information of Teacher		, Т	o be f	illed up by Te	acher	32//	
1.	Name of the Teacher	Dr. MAMTA	VITHAL	RAO 1	THAKRE	VI. Or	3//	
2.	Teacher's code				Sept.	The state of the party of the state of	and the same of th	
3.	Date of Birth	26/09/1979						
4.	UG Qualification	Name of Deg	gree	BPT	Ή			
		Passing Year		200	4			
		University		MU	HS Nashik.			
5.	PG Qualification	Name of Sub	ject	PG	Diploma			
		Passing Year		200	7			
		University		AII	OF PHY.M &	Rehabilita	ehabilitation	
				Mur	nbai			
6.	Additional qualification	Subject						
	P.G.Diploma/Ph.D	Passing Year						
		University						
7.	Post wise details of Experience	Dura	Duration		Department	Designati	Name of	
	in chronological order from the	From date	To d	ate	(Subject)	on	the college	
	date of initial appointment	02/03/2020	onwards		ВРТН	Professor	HMC, Akot- Road, Akola	
8.	Presently working Department (Subject)	BPTH						
9.	Present Designation	Guest Professo	or					
10.	Nature of present appointment (regular /contract/deputation)	Regular						
11.	Permanent Residential Address	Kirti Nagar,						
12.	Local Residential Address	Kirti Nagar,						
13.	State Board / Council	Registration I			10/09/PT/00			
	Registration details	Name of Stat	e Board	i M	SC BPTH M	umbaı		
14.	Mobile Number	9850396693						
	Email ID	Drmamta29@	gmail.	com				
15.	Name of the Principal of college	Dr. Sanjayku	mar U.	Tiwar	T	ethor office t	hat I have not	
		- i ac nor	my raco	rne and		n their airmilli t		

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.

Place : Akola

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.

Date: 23/12/1011

Place: Akola

o swear in the name of God Solemny afirm that this is my name and Signature or (Marks) and that the contents of this

idayit are true and correct Thause

Certified that this document? require of Deponent after attestation)

Affidavit contains Pages From 1 to . One

Signature of Principal with Stamp

H.M.C.

12/2022 GOVT OF INDIA - Reg No 16

Behind Vitthal Mandir, Old City, AKO Dist.AKOLA (M)

AGRAWA







1 Dr. Manisha Warade, aged 42 Years, S/o Pravin Warade Joined in this Homoeopathic Medical College, Akot - Both 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	1000							
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	Subject							
	P.G.Diploma/Ph.D	Passing Year							
		University							
7.	Post wise details of Experience	Dura	Duration		Department	Designati	Name of		
	in chronological order from the	From date	To d	ate	(Subject)	on	the college		
	date of initial appointment	01/04/2017	onwa	ards	Medicine	Guest Professor	HMC, Akot- Road, Akola		
8.	Presently working Department	Medicine							
	(Subject)								
9.	Present Designation Nature of present appointment	Professor							
10.	(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 Number Name of State Board		r IG29-81352					
	Registration details			d 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. 1 shall be liable for any disciplinary action.

Place: Akola

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.

Date: 23 12 2022

Place: Akola

o swear in the name of God Solemny Affirm that this is my name and Signatur or (Marks) and that the contents of the iffidavit are true

Eighature of Deponent after attestation)

Certified that this document I Affidavit contains Page From 1 to One on

Signature of Principal with Stamp Principal H. M. C

NOTARY 23/1/ LOL 2 GOVT. OF INDIA - Reg Behind Vitthal Mandyr, Old City, AKOL Dist.AKOLA (M)









TDC Nisha Rothi, 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					7.0	
1.	Name of the Teacher	Dr. NISHA ANILKUMAR RATHI						
2.	Teacher's code				The state of the s			
3.	Date of Birth	12/01/1991						
4.	UG Qualification	Name of Degree Passing Year University		M.B.B.S				
				2014				
				Nashik University				
5.	PG Qualification	Name of Subject		Anesthesia				
		Passing Year		2022				
		University		Nashik University				
6.	Additional qualification	l qualification Subject						
	P.G.Diploma/Ph.D	Passing Year						
		University	sity					
7.	Post wise details of Experience	Dura	tion		Department (Subject)	Designati	Name of	
	in chronological order from the	From date	Tod	late		on	the college	
	date of initial appointment	29/10/2022	Onw	ards	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 Numb		er 2	015/06/3455			
	Registration details	Name of Sta	te Boar	rd				
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. 1 shall be liable for any disciplinary action.

Date: 16/1/2023 Place: Akola

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.

Date: 16/1/2023

Place: Akola

do swear in the name of God Affirm that this is my name and Signature or (Marks) and that the contents of this affidavit are true Acement

Signature of Deponent after attestation)

Certified that this document / Affidavit contains Pages From 1 to One...Only

Adv. Mayur Y. Agrawal NOTARY

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











