1 Dr. Manoj Sarda, aged 50 Years, S/o Ramswarupji Sarda Joined in the Homocopathic Medical College, Avencipal Road, Akola. On 13/06/1994 and the detail of my qualification and experience are mentioned below.

Sr. No.	Information of Teacher		To	ha fi	illed up by Tea	schoe	akot Road,
1.	Name of the Teacher	Dr. MANOJ R				cner	
2.	Teacher's code	DI. WIANOS K	MIVISVV	HILOF	JI SANDA		
3.	Date of Birth	10-04-1972					
4.	UG Qualification	Name of Deg	roo	DHN	AC		
		Passing Year		1992			
		University		-	H Mumbai		
5.	PG Qualification	Name of Sub	iect		n Mullibai		
		Passing Year					
		University					
6.	Additional qualification	Subject					
	P.G.Diploma/Ph.D	D					
		University					
7.	Post wise details of Experience	Dura	tion		Department	Designati	Name of
	in chronological order from the	From date	To date		(Subject)	on	the college
	date of initial appointment	13/06/1994	12/06/		Anatomy	Demonstrat	HMC, Akot-
	Although the teacher is eligible				Anatomy	or	Road, Akola
	for the post of Professor but he is	13/06/1997	12/06/		Anatomy	Lecturer	do
	working on the post of Reader	13/06/2001	23/06/		Anatomy	Reader	do
8.	Presently working Department (Subject)	24/06/2022	Onwa	ards	Anatomy	Professor	do
9.		Anatomy					
10.	Present Designation Nature of present appointment	Professor					
10.	(regular /contract/deputation)	Regular					
11.	Permanent Residential Address	"Shri Krishn	a Kunj"	'Kho	leshwar Road,	Akola	
12.	Local Residential Address	"Shri Krishn	a Kunj"	'Kho	leshwar Road,	Akola	
13.	State Board / Council	Registration			0250		
	Registration details	Name of Stat	te Board	d N	Aaharashtra C	ouncil of H	omoeonathy
14.	Mobile Number	9850320433					- ovepuni
	Email ID	sardadrmand	oj@gma	il.cor	n		
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. Ifurther 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

SIGNED BEFORE ME

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

Maroj R-Sarda

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

MBard.

enature of Deponent after attestation)

station



Signature of Principal with Stampari

Principal

H. M. C.

New Les Mar

SOTARY 3 3 12 GOVF. OF INCIA- Reg No 15519

GGVf, OF INDIA - Reg No 1931年 へ Behin望 外tthat Mandir, Old City, AKOLA Dist AKOLA (M)











Dr. E. U. Tiward Expiring Dt. 19/11/2024

I Dr. Immin Ahmed, aged 47 Years, S/o Gulab Khan Joined in this Homogopathic Medical College, Akot. Road. Akola. On 04/07/2008 and the detail of my qualification and experience are mentioned below.

A STATE OF THE PARTY OF THE PAR						TARREST OF THE PROPERTY OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS N	The Park of the Pa	
Sr. No.	Information of Teacher		Т	o be f	filled up by Te			
	Name of the Teacher							
1.	Name of the Teacher	Dr. IMRAN A	HMED	GULA	B KHAN			
2.	Teacher's code							
3.	Date of Birth	06-02-1975						
4.	UG Qualification	Name of Deg	gree	BH	MS			
		Passing Year	6.	199	7			
		University		Am	ravati Univers	ity, Amrava	ati.	
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	04/07/2008	Onwa	ards	Anatomy	Lecturer	HMC, Akot-	
8.	Drogonthu woulder - Dougla					100.000 000000	Road, Akola	
0.	Presently working Department (Subject)	Anatomy						
9.								
	Present Designation Nature of present appointment	Lecturer						
10.	(regular /contract/deputation)	Regular						
11.	Permanent Residential Address	Nafis Park, C	anga N	lagar-	1, Washim by	Pas Old C	ity Akola	
12.	Local Residential Address	Nafis Park, C	anga N	lagar-	1, Washim by	Pas Old C	ity, Akola.	
13.	State Board / Council	Registration	Numbe	r 2	7483	1 43, Old C	ity, Akoia.	
	Registration details	Name of Stat		_	Iaharashtra Co	nuncil of U	omooonath.	
14.	Mobile Number	9767230785	- Dourt	- 11	I I I I I I I I I I I I I I I I I I I	Juneil Of Ti	omoeopatny	
	Email ID	drimrankhan13	6@gma	il.com				
15.	Name of the Principal of college	Dr. Sanjaykumar U. Tiwari						
1 hereb	y solemnly affirm that the above informati							

1 hereby solemnly affirm that the above information is correct as per my records and knowledge. 1 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

SIGNED BEFORE ME

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:

ifficavit are tru

Place: Akola

do swear in the name of God Solemny Affirm that this is my name and Signature or (Marks) and hat the qualents of this

Signature of Depotent after attestation)

on 18/08/86

Certified that this document / Affidavit contains Pages

Signature of Principal With Stamp Tiwari

H. M. C. Aker Road, Akola

Adv. Mayur V. Agrawal NOTARY 18/8/22

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



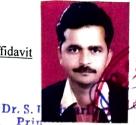












Y.Agrawal

DERamas Deshpande, aged 55 Years, S/o Achyutrao Deshpande Joined in this Homoeopathic Medical Akor Road, Akola. On 01/01/1996 and the detail of my qualification and experience are mentioned below.

Sr. No.	Information of Teacher		T	n he f	illed up by fe	achor	14)		
1.	Name of the Teacher	Dr. RAMDAS	ACHVI	ITRAC	DESHPANDE	drine OF	//		
2.	Teacher's code	- THE WILLIAM	ACITIO	INAC	DESHPANDE				
3.	Date of Birth	03-10-1967							
4.	UG Qualification	Name of Deg	ree	DHI	AS.				
		Passing Year		1992					
		University			H Mumbai				
5.	PG Qualification	Name of Sub	iect		i iviuilibai				
		Doggina V							
		University							
6.	Additional qualification	Subject							
	P.G.Diploma/Ph.D	Passing Year							
		University							
7.	Post wise details of Experience	Duration			Department	Designati	Name of		
	in chronological order from the	From date	To d	ate	(Subject)	on	the college		
	date of initial appointment	01/01/1996	31/12/		Physiology	Demonstrat	HMC, Akot-		
	Although the teacher is eligible					or	Road, Akola		
	for the post of Professor but he	01/01/2000	31/12/		Physiology	Lecturer	do		
	is working on the post of Reader	01/01/2005	31/12/		Physiology	Reader	do		
8.	Presently working Department (Subject)	01/01/2009	onwa	irds	Physiology	Professor	do		
9.	Present Designation	Physiology Professor							
10.	Nature of present appointment								
	(regular /contract/deputation)	Regular							
11.	Permanent Residential Address	"207 Mauli"	Keshav	Naga	r, Akola				
12.	Local Residential Address	"207 Mauli"	Keshav	Naga	r, Akola				
13.	State Board / Council	Registration			0701				
	Registration details	Name of Stat	e Board	i M	laharashtra Co	ouncil of Ho	moeopathy		
14.	Mobile Number	9850208586							
	Email ID	drrajudeshpa							
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

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

do swear in the name of God Solemny Affirm that this is my name and Signature or (Marks) and that the contents of this ifficiavit are true an 3

er attestation) Signature of De



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

with Stampriwari Signature of Principal Dr. S.

Principal H.M.C.

Adv. Mayur Y. Agrawal

NOTARY 2 7 2 GOVT. OF INDIA - Reg. No. 15519 Behind Vitthal Mandir, Old City AKOLA Dist AKOLA (M) 9226211830









Dr. S. U. Tiwar C. 15510

I Dr. Daoud Amin, aged 51 Years, S/o Abdul Quahhar Joined in this Hemocopathic Medical College, Akot Road, Akola. On 01/08/1999 and the detail of my qualification and experience are the friend below.

Akot Road, Akola

Sr. No.	1.6 5-	T			Oau, rittore	1	-	
_	Information of Teacher	To be filled up by Teacher						
1.	Name of the Teacher	Dr. DAOUD A	A NIMA	BDUL	QUAHHAR M	OHAMMAI)	
2.	Teacher's code							
3.	Date of Birth	10-08-1971						
4.	UG Qualification	Name of Deg	gree	DHMS				
		Passing Year		1993				
		University		MC	H Mumbai			
5.	PG Qualification	Name of Subject						
		Passing Year						
		University						
6.	Additional qualification	Subject						
	P.G.Diploma/Ph.D	Passing Year						
		University	ersity					
7.	Post wise details of Experience	Dura	Duration		Departmen	Designa	Name of	
	in chronological order from the	From date	To d	ate	t (Subject)	tion	the college	
	date of initial appointment	01/08/1999	31/07/	2002	Physiology	Demonstrat	HMC, Akot-	
	Although the teacher is eligible	01/08/2002	21/07/	2006	DI : 1	or	Road, Akola	
	for the post of Professor but he	01/08/2002	31/07/		Physiology	Lecturer	do	
	is working on the post of Reader	01/08/2006	onwa	aras	Physiology	Reader	do	
8.	Presently working Department	Physiology						
	(Subject)							
9.	Present Designation	Reader						
10.	Nature of present appointment (regular /contract/deputation)	Regular						
11.	Permanent Residential Address	Sahajahan Ro	oad Mo	minpı	ıra, Akola			
12.	Local Residential Address	Sahajahan Ro	oad Mo	minpu	ıra, Akola			
13.	State Board / Council	Registration			2901			
	Registration details	Name of Stat	e Board	d M	Iaharashtra C	ouncil of H	omoeopathy	
14.	Mobile Number	9922477499					1	
	Email ID	drdaoudamir	n@gma	il.com				
15.	Name of the Principal of college	Dr. Sanjayku						
	realessable offices that the above to faculty							

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

SIGNED BEFORE ME

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:

Signature of Depon

Place: Akola

M. Da and Ammid do swear in the name of God. Solemny Afrirm that this is my name and Signature or (Marks) and that the contents of this affidavit are true and correct.

ther attestation) Certified that this document?

Affidavit contains Page rom 1 to ... O.D.C... 2019

Signature of Principal with Stampiwari Principal

H. M. C. akot Road, Akola

dv. Mayur Y. Agrawal NOTARY 13 | 8 | 2022

GOVT, OF INDIA - Reg.No. 155 fb Behind Vitthal Mandir, Old City, AKOL. Dist.AKOLA (M)









nxi

1 Dr. Harshalata Kole, aged 44 Years, S/o Sushant Kole Joined in this Homosopathy, Medical Collège, Akor Boad, Akola. On 01/06/2008 and the detail of my qualification and experience are metable to the low part of the state of

Sr. No.	Information of Teacher	To be filled up by Teacher							
1.	Name of the Teacher	Dr. HARSHAL	ATA SU	ISHAN	NT KOLE		nial distribution of management		
2.	Teacher's code		ter an average and the second		gliero chalda programmen - Mescal Lucipiero de chilo	autour Passaciotate on James Wayers	Description of the Control of the Co		
3.	Date of Birth	30-08-1978				ni ee 1000 rame ee la grat had also Metrot distrib	location was a second		
4.	UG Qualification	Name of Deg	ree	BH	MS	a lagranai essen en de del lagran letteri e	Logical Production - Control Control		
		Passing Year		200.		et en			
		University Nagpur University					NATIONAL SERVICES OF THE SERVICE OF		
5.	PG Qualification	Name of Sub	ject	16.94					
		Passing Year		% W					
		University		97.96			o company of legal angle, in special recognition		
6.	Additional qualification	Subject							
	P.G.Diploma/Ph.D	Passing Year		46.40					
		University							
7.	Post wise details of Experience in	Dura	tion		Department	Designati	Name of the college		
	chronological order from the date	From date	To d	ate	(Subject)	on			
	of initial appointment Although the teacher is eligible for the post of Professor but she is working on the post of Lecturer	01/06/2008	onwa	ırds	Physiology	Lecturer	HMC, Akot- Road, Akota		
8.	Presently working Department (Subject)	Physiology							
9.	Present Designation	Lecturer							
10.	Nature of present appointment (regular /contract/deputation)	Regular							
11.	Permanent Residential Address	THE RESERVE OF THE PARTY OF THE			wat Plot Ako	and the same of th			
12.	Local Residential Address	Krishna Chay	a, Bld.	etousee vectoride	wat Plot Ako	la.			
13.	State Board / Council	Registration	Numbe	. -	7788				
	Registration details	Name of Stat	e Board	i N	laharashtra Co	ouncil of H	omoeopathy		
14.	Mobile Number	9420838593							
	Email ID	harshalata201							
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

SIGNED BEFORE ME

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

Harshalata do swear in the name of God. Solemny Affirm that this is my name and Signature

afficavit are true and o

(Signature of Deponent after attestation)

or (Marks) and that the contents of this

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

th Starpp Tiwari Signature of Principal Principal

H.M.C. Akot Road Akola

Y. Agrawal Adv. Mayur NOTARY 12-08-2022 GOVT, OF INDIA - Reg.No.15519

Behind Vitthal Mondie, Old City, AKOLA Dist.AKOLA (M)







I Dr. Milind Gadre, aged 61 Years, S/o Bhargawa Gadre Joined in this Homocopathic Ordical College, Akol Akola. On 01/07/1983 and the detail of my qualification and experience are mentioned below.

Sr. No.	Information of Teacher		To	be f	filled up by Te	acher		
1.	Name of the Teacher	Dr. MILIND	BHARGA	WA	GADRE			
2.	Teacher's code							
3.	Date of Birth	06-08-1961						
4.	UG Qualification	Name of Deg	ree	DHMS				
		Passing Year		1982				
		University		MC	H Mumbai			
5.	PG Qualification	Name of Subject						
		Passing Year						
		University						
6.	Additional qualification	Subject						
	P.G.Diploma/Ph.D	Passing Year						
		University						
7.	Post wise details of Experience	-	Duration		Department	Designati	Name of	
	in chronological order from the	From date	To da	ate	(Subject)	on	the college	
	date of initial appointment	01/07/1983	30/06/		Pharmacy	Demons trator	HMC, Akot- Road, Akola	
		01/07/1986	30/06/	1990	Pharmacy	Lecturer	do	
		01/07/1990	30/06/	1993	Pharmacy	Reader	do	
		01/07/1993	onwa	rds	Pharmacy	Professor	do	
8.	Presently working Department (Subject)	Hom. Pharma	acy					
9.	Present Designation	Professor						
10.	Nature of present appointment (regular /contract/deputation)	Regular						
11.	Permanent Residential Address	Ratanlal Plot	, Akola.					
12.	Local Residential Address	Ratanlal Plot	Akola.					
13.	State Board / Council	Registration	Number	9	635			
	Registration details	Name of Stat	e Board	N	laharashtra Co	ouncil of Ho	omoeopathy	
14.	Mobile Number	9422193736						
	Email ID	milindgadre6	1@gma	il.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 SIGNED BEFORE ME

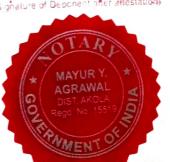
Signature of Deponent/ Teacher

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

wear in the name of God and empy memory this is minance and the large (Warks) and that the conjugate of this savit are true and conact

Signature of Deponent after attestation)





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

Signature of Principal with Stampwari Principal
H. M. C.

Adv. Mayur Y. Agrawal NOTARY

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





I Dr. Priyanka Narayandas Agarwal, aged 32 Years, S/o Narayandas Toined in this Homoeopathic Medical College, Akot - Road, Akola. On 02/08/2022 and the detail of my qualification and opperience are mention a below.

Sr.	Information of Teacher		Т	n h	e filled up by Te	acher			
No.	orridaener		•	٠.	.c ,ca ap a ,				
1.	Name of the Teacher	Dr. PRIYANI	KA NARA	ΥA	NDAS AGARWA	L			
2.	Teacher's code								
3.	Date of Birth	14/12/1989)						
4.	UG Qualification	Name of De		В	HMS				
		Passing Yea	r	2	013				
		University		M	MUHS, Nashik.				
5.	PG Qualification	Name of Su	bject	M	1.D. (PEADITRI	(CS)			
		Passing Yea	r	20	018				
		University MUHS, Nashik.							
6.	Additional qualification	Subject							
	P.G.Diploma/Ph.D	Passing Yea	r						
		University							
7.	Post wise details of Experience	Durat	tion		Department	Designa	Name of		
	in chronological order from the	From date	To dat	e	(Subject)	tion	the college		
	date of initial appointment	02/08/2022	Onwards		Pharmacy	Lecturer	HMC, Akot- Road, Akola		
8.	Presently working Department (Subject)	Pharmacy							
9.	Present Designation	Lecturer							
10.	Nature of present appointment (regular /contract/deputation)	Regular							
11.	Permanent Residential Address	Skylark hotal	, Akola						
12.	Local Residential Address	Skylark hotal	, Akola						
13.	State Board / Council	Registration	Number	r	60021				
	Registration details	Name of Sta	te Board	i	Maharashtra Co	ouncil of Ho	omoeopathy		
14.	Mobile Number	9881594619							
	Email ID	Priyankaaga	rwal072	4@	gmail.com				
15.	Name of the Principal of college	Dr. Sanjaykı		Tiv	vari				

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

SIGNED BEFORE ME

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:

"Rossembo N. desamon do sweatin the name of God Selemny Place: Akola Affirm that this is my name and Signature or (Marks) and that the contents of this affidavit are true and correct

> Brownal (Signature of Deponent after attestation)

Signature of Principal with Stamp

Dr. S. U. Tiwari Principal

> H. M. C. AKOT Road Akola

Adv. Mayır Y. Agrawal OVT. OF INDIA - Reg. No. 15519

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

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Orned Principal. Sec. (V.)

Road, M. S. on 08/08/2000 and the detail of my qualification and experience are programmed below.

VI	Information of Teacher		_		illed up by Te	acher	//		
I.	Name of the Teacher	Dr. RITESH R				A CARLON TO THE PARTY OF THE PA			
2.	Teacher's code	OI. HITESITA	ANICON	SHAI	VASTAV				
3.	Date of Birth	23-04-1977							
4.	UG Qualification	Name of Deg	roo	BHMS					
		Passing Year		1999					
		University							
5.	PG Qualification	Name of Subject		- Aiiii	ravati Univers	ity, Amrava	atı		
		Passing Year		_					
		University		_					
6.	Additional qualification	Subject CC			/D				
	P.G.Diploma/Ph.D			_					
		University			JHS, NASHIK.				
7.	Post wise details of Experience		Duration MOR		Department		N		
	in chronological order from the	From date	To d	ata	(Subject)	Designati	Name of the college		
	date of initial appointment	08/08/2000	07/08/		. , ,				
			07/00/2003		Pathology	Demonst rator	HMC, Akot- Road, Akola		
1		08/08/2003	07/08	2007	Pathology	Lecturer	do		
		08/07/2007	07/08/	2010	Pathology	Reader	do		
8.	Presently working Department (Subject)	08/08/2010	Onw	ards	Pathology	Professor	do		
9.		Pathology							
10.	Present Designation Nature of present appointment	Professor							
10.	(regular /contract/deputation)	Regular							
11.	Permanent Residential Address	Shrivastav C	howk C	old Ci	tv Akola				
12.	Local Residential Address	Shrivastav C	howk C	old Ci	tv Akola				
13.	State Board / Council	Registration			0998				
	Registration details	Name of Stat		_	Iaharashtra C	ouncil of H	omoeonathy		
14.	Mobile Number	9822696979		1		canen of 11	omocopatily		
	Email ID	ritesh23477@		m					
15.	Name of the Principal of college	Dr. Sanjayku	ımar 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. 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 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

6. Ritesh B. Shrivasta

og skee with a family of the substitute Against that it is a might be and Signature or (Marks) and that the contents of this actions at a true and payment.

Signature of Disponent after attestation)





Signature of Principal with stahiswari Principal

Adv. Tryur Y. Agrawal
NOTARY IP | 1000
GOVT. OF INDIA Reg No. 15519
Behind Vithal Mandir, Old City, AKOLA

Dist.AKOLA (M)

NOTARIAL



Dr. S. U.

1 Dr. Madhuri Mane, aged 47 Years, S/o Shyamsunder Mane Joint of this Homocopathic Medical & Road, Akola On 23/06/2000 and the detail of my qualification and experience are mentioned below.

Sr. No.	Information of Teacher	To be filled up by Learney						
1.	Name of the Teacher	Dr. MADHUR	and the street of the later	and the state of the state of	the first state of the state of	-	Aprilla o confirmació ano color ((Cons)	
2.	Teacher's code		-			and the second second second		
3.	Date of Birth	29-05-1975					and the same of th	
4.	UG Qualification	Name of Deg	ree	BHN	MS		market to be set to a tention of	
	a quantication	Passing Year	,,,,,,	1998				
		University			pur University	Nagnur		
5.	PG Qualification	Name of Subject						
٥.	7 G Qualification	Passing Year						
		University	-					
6.	Additional qualification	Subject Heath & Heath Management						
٥.	P.G.Diploma/Ph.D	Passing Year 2012						
	1.c.s.piema, 1.m.s	University Ignau University, Nagpur						
7.	Post wise details of Experience						Name of	
,.	in chronological order from the	From date	To d	ato	(Subject)	on	the college	
	date of initial appointment	23/06/2008	onwa		Pathology	Lecturer	HMC, Akot-	
	Although the teacher is eligible for	25/00/2000	011.111		Tathology	Lecturer	Road, Akola	
	the post of Professor but she is							
	working on the post of Lecturer							
8.	Presently working Department	Pathology			•			
	(Subject)							
9.	Present Designation	Lecturer						
10.	Nature of present appointment (regular /contract/deputation)	Regular						
11.	Permanent Residential Address	Gaurakshan	Road N	isarga	Empire, Ako	la		
12.	Local Residential Address	Gaurakshan l	Road N	isarga	a Empire, Ako	la		
13.	State Board / Council	Registration	Numbe	r 3	0026			
	Registration details	Name of Stat	te Board	d k	/Iaharashtra Co	ouncil of H	omoeopathy	
14.	Mobile Number	9423127420						
	Email ID	mmane170@	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.

Place : Akola

SIGNED BEFORE ME

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

do swear in the name of God Selemny Affirm that this is my name and Signature or (Marks) and that the contents of this

affidavit age true and correct

(Signature of Deponent after attestation)

Signature of Principal ithe StampTiwari

Principal H.M.C AKOT ROMA

Certified that this document (Affidavit contains Pages From 1 to ... ene enly

roland

NOTARY 13 8 GOVT. OF INDIA - Reg. No. 15519 8 2022 Behind Vitthal Mandir, Old City, AKOLA Dist.AKOLA (M)











this Homocapamic Medical College, New Lond

1 Dr. Vaishali Dose, aged 43 Years, S/o Jagannath Dose Joined in this Homoeopathic Medical College, Akola. On 02/05/2012 and the detail of my qualification and experience are most Road Akola.

C					Akot Road, A	kola	and the same of th	
Sr. No.	Information of Teacher		T	o be	filled up by Te	eacher		
1.	Name of the Teacher	Dr. VAISHAL	LIACAN	INIATI	II DOCE			
2.	Teacher's code	OI. VAISHAL	JAGAN	INAII	H DOSE			
3.	Date of Birth	30-06-1979						
4.	UG Qualification			DIII	1.10			
		Name of De		BH				
		Passing Year		200				
5.	PG Qualification	University		Am	ravati Univers	sity Amrava	ati	
	. a gaameation	Name of Sub						
		Passing Year						
6.	Additional qualification	University						
0.	P.G.Diploma/Ph.D	*Su b ject						
	r.G.Dipioilia/Pii.D	Passing Year						
7.	Doct wine data il 65	University						
/.	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	02/05/2012	01/05/	2019	FMT	Lecturer	HMC, Akot- Road, Akola	
		02/05/2019	onwa		FMT	Reader	do	
8.	Presently working Department (Subject)	Forensic Me	edicine a	nd To	oxicology			
9.	Present Designation	Reader						
10.	Nature of present appointment (regular /contract/deputation)	Regular						
11.	Permanent Residential Address	Near Parvati	Sadan, l	Rautw	vadi, Akola			
12.	Local Residential Address	Near Parvati	Sadan, 1	Rautw	adi. Akola			
13.	State Board / Council	Registration I	Number	36	355			
	Registration details	Name of State		_	aharashtra Co	uncil of Ho	mooonathy	
14.	Mobile Number	7719057975				unen or me	mocopatity	
	Email ID	dosevaishu197	'9@gmai	l.com				
15.	Name of the Principal of college	Dr. Sanjaykur			i			
	1 1 10						1	

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

SIGNED BEFORE ME

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

Dr. Voishall J. Dose do swear in the name of God. Selemny Affirm that this is my name and Signature or (Marks) and that the contents of this affidavit are true to the made

(Signature of Deponent after attestation)



2 Sr. No. 2 2 2022

Certified that this document,
Affidavit contains Pages
From 1 to .P.O.L.D.O.l.Y

Signature of Principal with Stampiwari

Adv. Mayur Y. Agrawal

NOTARY 3 8 2022 GOVT, OF INDIA - Reg No.15519 \ Behind Vithal Mandr, Old City, AKOLA DISLAKOLA (M)





The ashish Ruptal Yaday, aged 37 Years, S/o Ruplal Joined in this Hohlife beathic Medical College, Akada Akola On 10 2021 and the detail of my qualification and experience are mentioned below.

7 1	and the same of th	-			- V I				
F.SP.	Information of Teacher		To	o be filled up by Te	acher				
1.	Name of the Teacher	Dr. ASHISH	RUPLAL	YADAV					
2.	Teacher's code	D1.71011							
3.	Date of Birth	14/07/1985	5			and the second second second			
4.	UG Qualification	Name of De		BHMS					
		Passing Yea	and the second second second second	2008					
		University		MUHS, Nashik.					
5.	PG Qualification	Name of Su	bject	M.D. (PEDIATR	ICS)				
		Passing Yea	r	2014					
-		University		MUHS, Nashik.					
6.	Additional qualification	Subject							
	P.G.Diploma/Ph.D	Passing Yea	r						
		University							
7.	Post wise details of Experience	Dura	tion	Department	Designa	Name of			
	in chronological order from the	From date To date		e (Subject)	tion	the college			
	date of initial appointment	25/10/2021	onward		Lecturer	HMC, Akot- Road, Akola			
8.	date of initial appointment Presently working Department (Subject)					HMC, Akot-			
8.	Presently working Department (Subject) Present Designation	25/10/2021				HMC, Akot-			
	Presently working Department (Subject)	25/10/2021 FMT				HMC, Akot-			
9.	Presently working Department (Subject) Present Designation Nature of present appointment	25/10/2021 FMT Lecturer				HMC, Akot-			
9.	Presently working Department (Subject) Present Designation Nature of present appointment (regular /contract/deputation)	25/10/2021 FMT Lecturer Regular				HMC, Akot-			
9. 10.	Presently working Department (Subject) Present Designation Nature of present appointment (regular /contract/deputation) Permanent Residential Address Local Residential Address State Board / Council	25/10/2021 FMT Lecturer Regular Akola.	onward	Is FMT		HMC, Akot-			
9. 10. 11. 12. 13.	Presently working Department (Subject) Present Designation Nature of present appointment (regular /contract/deputation) Permanent Residential Address Local Residential Address State Board / Council Registration details	25/10/2021 FMT Lecturer Regular Akola. Akola. Registration Name of Sta	onward Number	r 53636	Lecturer	HMC, Akot- Road, Akola			
9. 10. 11. 12.	Presently working Department (Subject) Present Designation Nature of present appointment (regular /contract/deputation) Permanent Residential Address Local Residential Address State Board / Council Registration details Mobile Number	25/10/2021 FMT Lecturer Regular Akola. Akola. Registration Name of Sta 9372505157	Number of the Board	r 53636 d Maharashtra C	Lecturer	HMC, Akot- Road, Akola			
9. 10. 11. 12. 13.	Presently working Department (Subject) Present Designation Nature of present appointment (regular /contract/deputation) Permanent Residential Address Local Residential Address State Board / Council Registration details	25/10/2021 FMT Lecturer Regular Akola. Akola. Registration Name of Sta	Number of the Board	r 53636 d Maharashtra C	Lecturer	HMC, Akot- Road, Akola			

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 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

after sweer in the name of God. Solamny after sweer in the name of God. Solamny addism that this is my name and Signature

or (Mans) and that the contents of this affidavil are true and correct

X Dr. Rpdon

(Signature of Deponent after attestation)

Certified that this document / Affidavit contains Pages From 1 to D.C...O. Signature of Principal with Stamp

H. W. C.

Akor Road, Akol

dv. Marar Y. Agrayal NOTARY 2018/2022

GOVT. OF INDIA - Reg No.18519 > Behind Vitthal Mandir, Old City, AKOLA Dist.AKOLA (M)











DE S. U. T

I Dr. Narendrakishor Shriwas, aged 47 Years, S/o Kamalkishor Shriwas Joined in this Hyprocopulation Medical College, Road, Akola. On 01/07/2002 and the detail of my qualification and experience are medical Akola.

Sr. No.	Information of Teacher	To be filled up by Teacher						
1.	Name of the Teacher	Dr. NARENDI	RAKISH	OR K	AMALKISHOR S	HDIMA		
2.	Teacher's code	- CALLAND I	MICION	01110	NIVIALKISI ION .	CHAMILLI		
3.	Date of Birth	25-01-1975						
4.	UG Qualification	Name of Deg	ree	ВН	MS			
		Passing Year	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	199				
					ravati Univers	ity Amray	ati	
5.	PG Qualification	10 11			iavati Olliveis	ity, Aimava	111	
		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	late	(Subject)	on	the college	
	date of initial appointment	01/07/2002	30/06	/2005	Surgery	Demonst	HMC, Akot- Road, Akola	
		01/07/2005	30/06/2009		Surgery	Lecturer	do	
		01/07/2009	onw	ards	Surgery	Reader	do	
8.	Presently working Department (Subject)	Surgery						
9.	Present Designation	Reader						
10.	Nature of present appointment (regular /contract/deputation)	Regular						
11.	Permanent Residential Address	Lakadganj R	oad, M	alipu	ra Chowak, Al	cola		
12.	Local Residential Address	Lakadganj R	oad, M	alipu	ra Chowak, Al	cola		
13.	State Board / Council	Registration	Numbe	er 2	28871			
	Registration details	Name of Sta	te Boar	d l	Maharashtra C	ouncil of H	omoeopathy	
14.	Mobile Number	9850361790						
	Email ID	dr.narendra.	shriwa	s11@	gmail.com			
15.	Name of the Principal of college	Dr. Sanjaykı	ımar U	. Tiw	ari			

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 SIGNED BEFORE ME

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: In Milebook Alaba Was

aro swear in the name of God. Seleminy Affirm that this is my name and Signature or (Marks) and that the contents of this afficient are the and correct.

(Signature of Deponent after attendation)

CTARY A GRAWAL A GOVERNMENT



Certified that this document /
Affidavit contains Pages
From 1 to . O. O.R. DOLY

Signature of Principal with Salipuari
Principal

H. M. C.

AKOCROAd, Akaja

William

Adv. Mayur Y. Agrawal NOTARY 13/8/2022

GOVT, OF INDIA - Reg No. 155 is Behind Vitthal Mandir, Old Gity, AKOLA DistAKOLA (M)



piting ItDr. P avin Sudhirchandra Mahankar, aged 32 Years, S/o Sudhirchandra Joined in this 110 mee pathic Medic Road, Akola. On 29/07/2022 and the detail of my qualification and Constant maintines by ow.

-										
SONO	Information of Teacher		To	be f	illed up by te	acheo = \	N//			
	Name of the Teacher	Dr. PRAVIN S	UDHIR	CHAN	IDRA MAHAN	AR	- Land			
2.	Teacher's code						The second secon			
3.	Date of Birth	21-06-1989								
4.	UG Qualification	Name of Deg	ree	BHI	BHMS					
		Passing Year		2013	2					
		University		MU	HS, Nashik					
5.	PG Qualification	-		MD	. (REPERTO	RY)				
				2020						
		University	MU	HS, Nashik						
6.	Additional qualification	Subject								
	P.G.Diploma/Ph.D	Passing Year								
		University								
7.	Post wise details of Experience	Duration			Department	Designati	Name of			
	in chronological order from the	From date	To d	ate	(Subject)	on	the college			
	date of initial appointment	29/07/2022	Onwa		Surgery	Lecturer	HMC, Akot-			
	Although the teacher is eligible				3		Road, Akola			
	for the post of Reader but he is									
	working on the post of Lecturer									
8.	Presently working Department	Surgery								
	(Subject)									
9.	Present Designation	Lecturer								
10.	Nature of present appointment (regular /contract/deputation)	Regular								
11.	Permanent Residential Address	Gajanan Peth	, Umri,	Akol	la					
12.	Local Residential Address	Gajanan Peth	, Umri,	Akol	la					
13.	State Board / Council	Registration I	Numbe	r 6	1162					
	Registration details	Name of Stat		_	1aharashtra Co	ouncil of Ho	moeopathy			
14.	Mobile Number	7875854857								
	Email ID	drmahankarp	ravin@	gmai	l.com					
15.	Name of the Principal of college	Dr. Sanjayku								
I harab	y colomply offirm that the above informati									

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:

11

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

wear in the name of God Solemn, ulium that this is in pamie and Signature or (Marks) and that the contents of this Manaweez

Signature of Deponent after attestation)

NOTARY 17 (8) 2 INDIA - Reg. No. 15519 GOVT, OF INDIA - Reg.No. 15519 Behind Vitthal Mandir, Old City, AKOLA

Dist.AKOLA (M)







Signature of Principal



ertified that this document (



I Dr. Hemlata Laddad, aged 47 Years, S/o Ramlal Laddad Joined in this Homoeopathic Medical College, Akot – Road, Akola. On 20/02/1998 and the detail of my qualification and experience are mentioned below boad, Akola.

Sr. No.	Information of Teacher		Т	o be	filled up by Te	eacher	The state of the s		
1.	Name of the Teacher	Dr. HEMLAT	A RAMI	AL L	ADDAD				
2.	Teacher's code								
3.	Date of Birth	08-04-1975							
4.	UG Qualification	Name of De	gree	ВН	MS				
		Passing Year		199	96				
		University	-	Am	ravati Univers	sity, Amrav	ati.		
5.	PG Qualification	Name of Suk	ject		D) HMM				
					9				
		University		MU	HS Nashik.				
6.	Additional qualification	Subject							
	P.G.Diploma/Ph.D	Passing Year							
		University							
7.	Post wise details of Experience	Duration			Department	Designati	Name of		
	in chronological order from the	From date	To d	ate	(Subject)	on	the college		
	date of initial appointment	20/02/1998	19/02/	2002	Obst&Gynac	Demonst	HMC, Akot- Road, Akola		
		20/02/2002	19/02/2	2006	Obst&Gynac	rator Lecturer	do		
		20/02/2006	19/02/2		Obst&Gynac	Reader	do		
		20/02/2009	Onwa	rds	Obst&Gynac	Professor	do		
8.	Presently working Department (Subject)	Obst & Gyna	c				40		
9.	Present Designation	Professor							
10.	Nature of present appointment (regular /contract/deputation)	Regular							
11.	Permanent Residential Address	"Nisarg Viha	r", 001	Laxm	ni Nagar, Khol	eshwar, Ak	cola.		
12.	Local Residential Address				ni Nagar, Khol				
13.	State Board / Council	Registration I			8953				
	Registration details	Name of State	e Board	M	Iaharashtra Co	uncil of Ho	moeopathy		
14.	Mobile Number	9922560370							
	Email ID	drhemlataladdad	d@gmail.d	com					
15.	Name of the Principal of college	Dr. Sanjaykur	nar U. T	Γiwar	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

SIGNED BEFORE ME

Signature of Deponent/ Teacher

15519

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

do sweer in the name of God Solemny
Affirm that this is my name and Signature
or (Marks) and that the contents of this
utifidavit are true and correct

Madded
(Signature of Deponent after attestation)

Certified that this document /
Affidavit contains Pages
From 1 to D.C....Opy

Signature of Principal with Stamp
Dr. S. U. Tiwari
Principal
H. M. C.

Adv. Mayur Y. Agrawaj NOTARY 13/8/2022

GOVT. OF INDIA - Reg.No.15519 Behind Vitthal Mandir, Old City, AKOLA











Agrawa 15519 1124

1 Dr. Karuna Jagtap, aged 45 Years, S/o Samadhan Jagtap Joined in this Homocopathic Medical College, A Akola. On 12/06/2012 and the detail of my qualification and experience are mentioned below. , Akot – Road,

No. 1. Name of th 2. Teacher's c 3. Date of Bir 4. UG Qualific	code th	27-11-1977	A SAMAD	HAN JAGTAP								
Teacher's of 3. Date of Bir	code th	27-11-1977	JAIVIAD	TIAN JAOTAI	Dr. KARUNA SAMADHAN JAGTAP							
3. Date of Bir	th	-										
		-	27-11-1977									
4. Od Qdaillio	ation	Name of Degree BHMS										
		Passing Yea	0	2001								
			-		I Indiananita	Ameninti						
E DC 0 U.C	-41	University		Sant Gadge Baba	University	Amravati						
5. PG Qualific	ation	Name of Su	•									
		Passing Yea	r									
		University										
1	qualification	Subject										
P.G.Diplom	ia/Ph.D	Passing Yea	r									
		University										
7. Post wise d	etails of Experience	Durat	tion	Department	Designa	Name of						
in chronolo	gical order from the	From date	To date	(Subject)	tion	the college						
date of init	ial appointment	12/06/2012	Onward	s Obst&Gynac	Lecturer	HMC, Akot- Road, Akola						
	orking Department	Obst&Gyna	С									
(Subject)												
9. Present De		Lecturer										
	resent appointment ontract/deputation)	Regular										
11. Permanent	Residential Address	Opp. Deshor	nnati Pre	ss Gorakshan Road	l, Akola.							
12. Local Reside	ential Address	Opp. Deshor	nnati Pre	ss Gorakshan Road	l, Akola.							
13. State Board	/ Council	Registration	Number	42478								
Registration	n details	Name of State Board Maharashtra Council of Homoeopathy										
14. Mobile Nun	nber	9552446436		•								
Email ID		karuna.dhoke04@gmail.com										
15. Name of the	e Principal of college	Dr. Sanjaykı	ımar U. T	Γiwari								

1 hereby solemnly affirm that the above information is correct as per my records and knowledge. 1 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 SIGNED BEFORE ME

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.

Dr. Karung S. Jagtur Date: swear in the name of God. Solomny Place: Akola im that this is my name and Signature or (Marks) and that the contents of this afficavit are true and correct

Signature of Deponent after attestation)

Signature of Principal with Stamp

Dr. S. U. Tiwari

Principal H. M. C.

Adv. Mayur Y. Agra

NOTARY 13 | 8/2012 GOVT, OF INDIA - Reg. No. 15519 Behind Vitthal Mandir, Old City, AKOLA Dict.AKOLA (M)

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





Principal Spring Dt.

I Dr. Tilakraj Sarnayak, aged 59 Years, S/o Govindrao Sarnayak Joined in this Homocopathic Medical College, Ako Road, Akola. On 01/07/1990 and the detail of my qualification and experience about more below.

		T	-			The same	Carried Street
Sr. No.	Information of Teacher		annua pi Autor printerio con pete		filled up by Te	acher	CONTRACTOR OF THE PARTY OF THE
1.	Name of the Teacher	Dr. TILAKRAJ	GOVIN	DRAC	O SARNAYAK		
2.	Teacher's code						
3.	Date of Birth	03-05-1963					
4.	UG Qualification	Name of Degree		DH	MS		
		Passing Year		Nov	7. 1988		
		University		MC	H. Mumbai		
5.	PG Qualification	Name of Sub	ject				
	ė.	Passing Year -					
		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	01/07/1990	30/06/	1993	P. Medicine	Demonst	HMC, Akot-
						rator	Road, Akola
-		01/07/1993	30/06/		P. Medicine	Lecturer	do
		01/07/1997	30/06/		P. Medicine	Reader	do
-	Presently working Department (Subject)	01/07/2000	Onwa		P. Medicine	Professor	do
8.		Practice of M					
9.	Present Designation Nature of present appointment	Professor Tgs	arnayak	@123			
10.	(regular /contract/deputation)	Regular					
11.	Permanent Residential Address	'Rajdharma' E	Behaind 1	Matra	bhumi Press, G	avrakshan R	oad, Akola.
12.	Local Residential Address	'Rajdharma' E	Behaind 1	Matra	bhumi Press, G	avrakshan R	oad, Akola.
13.	State Board / Council	Registration	Numbe	r 1	6935		
	Registration details	Name of State Board Maharashtra Council of Homoeopathy					
14.	Mobile Number	9689527977,	82081	_			
	Email ID	drtilakraj63sa	arnayak	@gm	ail.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

BEFORE ME

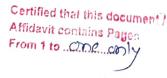
Signature of Deponent/ Teacher

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

Discourse of God Selemny Affirm that this is my name and Signature or (Marks) and that the contents of this iffidavit are true and correct

Signature of RV



Signature of Principal with Stamo Dr. S. U. Tiwari Principal

H.M.C.
AKOYROAD, AKOJA

Adv. (Mexitr Y. Agrawal NOTARY 13 / 8/2022 GOVT. OF HIDIA - Reg No. 15519

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







Affidavit Akola Dišti. R. No. 15519 Expiring

I Dr. Shailesh Jain, aged 55 Years, S/o Kanahaiyalal Jain Joined in this Homoconathic Medical Conege, From Road Akola. On 01/08/1991 and the detail of my qualification and experience are mentioned on H. M. C.

C. No		T		-	OF IN	A	kot Road, Ako			
Sr. No.	Information of Teacher				filled up by Tea	acher				
1.	Name of the Teacher	Dr. SHAILESH	I KANA	HAIYA	ALAL JAIN					
2.	Teacher's code									
3.	Date of Birth	25-05-1967								
4.	UG Qualification	Name of Deg	gree	BHI	BHMS (Graded)					
		Passing Year	Passing Year 1		6					
		University			Babasaheb Ambed	dkar Univarsit	y,			
5.	PG Qualification	,			ingabad.					
5.	PG Qualification			O. (Repertory)						
		Passing Year 2008								
					HS Nashik					
6.	Additional qualification	Subject		CCI	MP					
	P.G.Diploma/Ph.D	Passing Year	Passing Year 2019		9					
		University	ersity MUF		HS Nashik					
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	01/08/1991	31/07/	1994	Medicine	Demosnt	HMC, Akot-			
						rator	Road, Akola			
		01/08/1994	31/07/		Medicine	Lecturer	do			
		01/08/1998	31/07/		Medicine	Reader	do			
_	B	01/08/2001	Onw		Medicine	Professor	do			
8.	Presently working Department (Subject)	Practice of M	1edicine	Э						
9.	Present Designation	Professor								
10.	Nature of present appointment (regular /contract/deputation)	Regular								
11.	Permanent Residential Address	"Basera" Ad	arsh Co	lony,	Akola					
12.	Local Residential Address	"Basera" Ad	arsh Co	lony,	Akola					
13.	State Board / Council	Registration			8423					
	Registration details	Name of Stat		_	Maharashtra Co	ouncil of H	omoeonathy			
14.	Mobile Number	9822094257				Janon OI II	omocopatily			
	Email ID	drjain26@hotr	nail.com							
15.	Name of the Principal of college	Dr. Sanjayku			ri					
I borob	y solomply office that the above is f	21. Julijuyku	mai U.	iiwa	11 1					

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

SIGNED BEFORE ME

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.

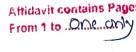
Date:

Place: Akola

DR. Shoulesh. do swear in the name of God Solemny

Aftern that this is my name and Signature or (Marks) and that the contents of this affidavit are true and cerrect

Signature of Deponent after attestation) Certified that this document / Affidavit contains Pages From 1 to . One any



Signature of Principa liwari

NOTARY 13/8/2022

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









101 I Dr. Suraj Ippar, aged 45 Years, S/o Vishwanath Ippar Joined in this Homoeopathic Medical College Akola. On 01/02/2002 and the detail of my qualification and experience are mentioned before II. Tiwari Akot - Koamrincipal H.M.C.

Sr. No.	Information of Teacher					-	Akot			
1.	Name of the Teacher		To	be f	illed up by Tea	acher	WKOI			
2.	Teacher's code	Dr. SURAJ VIS	SHWAN	ATH I	IPPAR					
3.	Date of Birth	02526								
4.		01-07-1977								
4.	UG Qualification	Name of Deg	ree	BHMS						
		Passing Year		2000	0					
5.	DC 0 115	University		Amr	ravati Univers	itv				
Э.	PG Qualification	Name of Sub	ject							
		Dossina Va								
		University								
6.	Additional qualification	Subject								
	P.G.Diploma/Ph.D	Passing Year 2020								
_		University MUHS NASHIK								
7.	Post wise details of Experience	Dura	Duration Department Designati Name							
	in chronological order from the	From date	To da	ate	(Subject)	on	the college			
	date of initial appointment	01/02/2002	onwa	rds P. Medicine Lectu		Lecturer	HMC, Akot-			
	Although the teacher is eligible for					Lecturer	Road, Akola			
	the post of Professor but he is									
8.	working on the post of Lecturer									
0.	Presently working Department (Subject)	Practice of M	l edicine							
9.	Present Designation									
10.	Nature of present appointment	Lecturer								
	(regular /contract/deputation)	Regular								
11.	Permanent Residential Address	Annapurna A	partmer	nt. Re	enukanagar, D	anki Pood	Alcolo			
12.	Local Residential Address	Annapurna A	partmer	nt. Re	enukanagar, D	apki Road	Akola.			
13.	State Board / Council	Annapurna Apartment, Renukanagar, Dapki Road, Akola. Registration Number 31366								
	Registration details	Name of State Board Maharashtra Council of Homoeopathy								
14.	Mobile Number	9850391955		14.	Turiur u Silita C(Juneil Of Ti	omoeopatny			
	Email ID	drsurajippar(@gmail.	com						
15.	Name of the Principal of college	Dr. Sanjayku			ri					
L			0.	ima	4.1					

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

SIGNED BEFORE ME



2019

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

DR.S. V. Ippar

do swear in the name of God. Solemny Affirm that this is my name and Signature or (fitarks) and that the contents of this affidavit are true and consist

(Signature of Deponent after attestation)

Certified that this document / Affidavit contains Pages ? From 1 to . O.O.C. or

Signature of Pringpal Set Stampwari Principal

H.M.C. Akot Road, Akola

Y. Agrawal

NOTARY 3-08-2022 GOVT OF INDIA-REG NO. 15519

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









I Dr. Jaiprakash Jaiswal, aged 45 Years, S/o Mahabirlal Jaiswal Joined in the Homocopythic Medical College Road, Akola. On 01/08/2002 and the detail of my qualification and experience and menujace of the world of the college.

Sr. No.	Information of Teacher	To be filled up by Teacher								
1.	Name of the Teacher	Dr. JAIPRAKA		ALCOHOL: WAS TO	RLAL JAISWAL					
2.	Teacher's code					-	and order or summarisment of the project of			
3.	Date of Birth	15/03/1977								
4.	UG Qualification	Name of Deg	ree	BH	BHMS					
		Passing Year		200	1					
		University	University		t Gadhgebaba ravati.	Amravati U	University,			
5.	PG Qualification				n. Materia Me	diaa				
٠.	. a gaameation	Passing Year		200		dica				
					asaheb Ambe	dkar Maratl	hwada			
		Offiversity					iwaua			
6.	Additional qualification	Subject			iversity, Aurangabad.					
	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	01/08/2002	31/07/		НММ	Lecturer	HMC, Akot- Road, Akola			
		01/08/2008	31/07/	2011	HMM	Reader	do			
		01/08/2011	onwa	ards	HMM	Professor	do			
8.	Presently working Department (Subject)	Hom. Materi	a Medi	ca						
9.	Present Designation	Professor								
10.	Nature of present appointment (regular /contract/deputation)	Regular								
11.	Permanent Residential Address				ear Satav Cho					
12.	Local Residential Address				ear Satav Cho	wk, Jathar p	peth, Akola.			
13.	State Board / Council	Registration	Numbe	r 3	3615					
	Registration details	Name of Stat	e Boar	d N	1aharashtra Co	ouncil of H	omoeopathy			
14.	Mobile Number	8308133071								
	Email ID	jmjhomoeopat								
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

SIGNED BEFORE ME

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

zepsakas do swear in the name of God Selemmy Affirm that this is my name and Signature or (Marks) and that the contents of this

true and affidavit V corract

Certified that this document? Affidavit contains Pages

From 1 to One only.

Signature of Principal with Stamp Dr. S. U. Tiwari Principal

Adv. Ma

GOVT OF INDIA - Reg. No. 15519 Behind Vitthal Mandir, Old City, AKOLA

NOTARIAL

Dist.AKOLA (M)





<u>Affidavit</u>

Dr. S. U. Tilly and 15519

I Dr. Omprakash Sabu, aged 59 Years, S/o Radhaakishan Sabu Jones Homoe pathic Medical Colloge, Akot - Road, Akola. On 01/07/1995 and the detail of my qualification and specific are mentioned before

Sr. No.	Information of Teacher		Т	o be	filled up by Te	effer				
1.	Name of the Teacher	Dr. OMPRAK	ASH RA	DHA	AKISHAN SABU	J				
2.	Teacher's code									
3.	Date of Birth	01-04-1963								
4.	UG Qualification	Name of Deg	ree	DH	DHMS					
		Passing Year		198	35					
		University		MC	CH, Mumbai					
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	Duration		Department	Designati	Name of				
	in chronological order from the	From date	To d	ate	(Subject)	on	the college			
	date of initial appointment	01/07/1995	30/06/	1998	НММ	Demons trator	HMC, Akot- Road, Akola			
		01/07/1998	30/06/	2002	НММ	Lecturer	do			
		01/07/2002	Onw	ards	НММ	Reader	do			
8.	Presently working Department (Subject)	Hom. Materi	a Medi	ca						
9.	Present Designation	Reader								
10.	Nature of present appointment (regular /contract/deputation)	Regular								
11.	Permanent Residential Address	Madhav Nag	ar Gura	ksha	n Road, Akola	•				
12.	Local Residential Address	Madhav Nag	ar Gura	ksha	n Road, Akola					
13.	State Board / Council	Registration Number 14021								
	Registration details	Name of Stat	e Board	d N	Maharashtra Co	ouncil of H	omoeopathy			
14.	Mobile Number	9822067968								
4	Email ID	orsaboo333@gmail.com								
15.	Name of the Principal of college	Dr. Sanjayku	mar U.	Tiwa	ari					

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

SIGNED BEFORE ME

18 1A12

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 om prackash R. Sabay do sweer in the name of God Solemny 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)

Signature of Principal with Stampiwar

Principal H. M. C.

akot Rossi ako

NOTARY 3 | 2 | 2021 GOVT OF INDIA - Red No. 15519 Behind Vitthal Mandir, Old City, AKOLA Dist.AKOLA (M)











· OF						No. of Street	And the second		
54	Information of Teacher		Т	o t	e filled up by Te	acher			
No.		-							
1.	Name of the Teacher	Dr. SWATI E	BABUSIN	IGH	RATHOD				
2.	Teacher's code								
3.	Date of Birth	24/10/1987	'	_					
4.	UG Qualification	Name of De	egree	E	BHMS				
		Passing Year			012				
		University MUHS, Nashik							
5.	PG Qualification	Name of Su	bject	N	И.D. (НММ)				
		Passing Yea	r	2	018				
		University		N	MUHS, Nashik.		, , , , , , , , , , , , , , , , , , , ,		
6.	Additional qualification	Subject -							
	P.G.Diploma/Ph.D	Passing Year -			-				
		University -			•				
7.	Post wise details of Experience	Durat	tion		Department	Designa	Name of		
	in chronological order from the	From date	To dat	e	(Subject)	tion	the college		
	date of initial appointment	24/02/2019	Onward	ds	НММ	Lecturer	HMC, Akot- Road, Akola		
8.	Presently working Department (Subject)	НММ							
9.	Present Designation	Lecturer							
10.	Nature of present appointment (regular /contract/deputation)	Regular							
11.	Permanent Residential Address				ad, Behind Gajana				
12.	Local Residential Address	Gayatri Kunj	Shegaon	Ro	ad, Behind Gajana	n Temple, K	hamgaon.		
13.	State Board / Council	Registration	Numbe	r	61358				
	Registration details	Name of State Board Maharashtra Council of Homoeopathy							
14.	Mobile Number	7385142425							
	Email ID	drsattur333(\widehat{w} gmail. α	con	<u>n</u>				
15.	Name of the Principal of college	Dr. Sanjaykı							
					de and knowledge I	further affire	n that I have not		

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

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Date:

Place: Akola

MAYUR Y

Dr. Swat do swear in the name of God Solemny Affirm that this is my name and Signature or (Marks) and that the contents of this afficiavit are true and correct.

Signature of Deport nt after attestation)

Signature of Principal **S**tamp H.M.C.

Akut Road, Akola

Y. Agrawal ARY 22/8/22 Certified that this document / Adv. Mayur NOTARY

Affidavit contains Pages GOVT. OF INDIA - Reg. No. 15519 From 1 to Une On Behind Vitthal Mandir, Old City, AKOLA Dist.AKOLA (M)













I Dr. Rajendra Chincholkar, aged 59 Years, S/o Ramkrishna Chincholkar loined in this Homocoogthir Medical College, Akot Road, Akola. On 15/08/1986 and the detail of my qualification and experience mentioned below

Sr. No.	Information of Teacher			-		1.	ON THE	
1.	Name of the Teacher		T	o be f	illed up by Te	acrici	-	
2.		Dr. RAJENDE	RA RAM	KRISH	INA CHINCHO	LKAR		
	Teacher's code							
3.	Date of Birth	17-06-1963						
4.	UG Qualification	Name of De	gree	DHI	MS			
		Passing Year		May	· - 1985			
		University			H Mumbai.			
5.	PG Qualification	Name of Sub	ject					
		Dagging V						
_		University						
6.	Additional qualification	Subject						
	P.G.Diploma/Ph.D	Passing Year						
		University						
7.	Post wise details of Experience	Duration			Departmen	Designati	Name of	
	in chronological order from the	From date	To d	ate	t (Subject)	on	the college	
	date of initial appointment	15/08/1986	14/08/	1989	Organon	Demonst	HMC, Akot-	
		1.5/0.0/				rator	Road, Akola	
		15/08/1989	14/08/		Organon	Lecturer	do	
		15/08/1993	14/08/		Organon	Reader	do	
8.	Presently working Department (Subject)	15/08/1996	onwa		Organon	Professor	do	
9.	Present Designation	Organon of	Medicir	ne				
10.	Nature of present appointment	Professor						
	(regular /contract/deputation)	Regular						
11.	Permanent Residential Address	Shrowajni Na	aidu Ma	rg Ra	mdaspeth, Ak	rola		
12.	Local Residential Address	Shrowajni Na	aidu Ma	rg Ra	mdaspeth, Ak	ola.		
13.	State Board / Council	Registration			3325			
	Registration details	Name of State Board Maharashtra Council of Homoeopathy						
14.	Mobile Number	9421894693					mocopatily	
	Email ID	chincholkarra	jendra	@gma	il.com			
15.	Name of the Principal of college	Dr. Sanjayku	mar U.	Tiwar	i			
I hereby	solemnly affirm that the above informati	on is correct as a		1				

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

SIGNED BEFORE ME

Signature of Deponent/ Teacher

with sumpiwari Principal

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

"Iffidavit contains Pages rom 1 to One only

Signature of Princips

GOVT, OF INDIA - Reg. Behind Vitthal Mandir, Old City, AKOLA Dist.AKCLA (M)







Dr. S.

F.Dr. Kalpana Bilse, aged 58 Years, S/o Madhao Bhise Joined in this Homocopathic Medical College, Akot – Road, Akola On 16 07 1998 and the detail of my qualification and experience are mentioned below.

THE THE	16/0//	Akot Road, Akola								
Sr. No.	formation of Teacher		To	be f	illed up by Te	acher 0	1911			
1	Name of the Teacher	Dr. KALPANA	MADH	AO BI	HISE	L'as	VI. OF			
12.	Teacher's code									
3.	Date of Birth	07-07-1964								
4.	UG Qualification	Name of Deg	ree	BHMS						
		Passing Year		1994	1994					
		University		Dr. Ba	abasaheb Ambedk	ar Marathwada,	Aurangabad			
5.	PG Qualification	Name of Subject		Orga	anon of Home	peopathy Pl	nilosophy			
		Passing Year		2008						
		University		MUI	HS, Nashik					
6.	Additional qualification	Subject -								
	P.G.Diploma/Ph.D	Passing Year -								
		University								
7.	Post wise details of Experience	Duration			Department	Designati	Name of			
	in chronological order from the	From date	To d	ate	(Subject)	on	the college			
	date of initial appointment	16/07/1988	15/07/	1991	Organon	Demons trator	HMC, Akot- Road, Akola			
		16/07/1991	15/07/	1995	Organon	Lecturer	do			
		16/07/1995	15/07/	1998	Organon	Reader	do			
		16/07/1998	Onwa	ards	Organon	Professor	do			
8.	Presently working Department (Subject)	Organon								
9.	Present Designation	Professor								
10.	Nature of present appointment (regular /contract/deputation)	Regular								
11.	Permanent Residential Address	Opposite Tan	nne Ho	spital	Kirti Nagar,	Akola				
12.	Local Residential Address	Opposite Tan	nne Ho	spital	Kirti Nagar,	Akola				
13.	State Board / Council	Registration	Numbe	r 1'	7145					
	Registration details	Name of Stat	e Board	i M	Iaharashtra Co	ouncil of Ho	omoeopathy			
14.	Mobile Number	9422893456								
	Email ID	kalpana.bhise4	15@gma	ail.com						
15.	Name of the Principal of college	Dr. Sanjayku	mon I I	Time	.:					

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: 15/08/2022

Place : Akola

Signature of Deponent/ Teacher

withstambwari

Principal

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

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

(Signature of Deponent after attestation)

Sr. No. 20087 2008

Affidavit contains Pages
From 1 to O.N.C...ON

Adv. Mayur Y. Agrawal
NOTARY 15181222
GOVT. OF INDIA - Reg.No. 15519
Behind Vitthal Mandir, Old City, AKOLA
Dist. AKOLA (M)

Signature of

THE THOP









5519 ig Dt

1 Dr. Satyanand Dharmadhikari, aged 55 Years, S/o Anandrao Dharmadhikari Johned in this klotnocopathle Medical Colors.

– Road, Akola. On 16/06/1994 and the detail of my qualification and experience are mentioned below.

	1	STATE OF THE PARTY OF			The state of the s	- Comment	
	1				The second secon		
	Dr. SATYANA	AND AN	AND	RAO DHARMA	DHIKARI		
Date of Birth	01-07-1967						
UG Qualification	Name of De	gree	DH	MS			
	Passing Year		199	2			
	University		MC	H Mumbai			
PG Qualification	Name of Subject						
	Passing Year						
	University	University					
Additional qualification	Subject						
P.G.Diploma/Ph.D	Passing Year	ear					
	University						
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	16/06/1994	15/06/	1997	C. Medicine	Demonst	HMC, Akot-	
					rator	Road, Akola	
					Lecturer	do	
						do	
				C. Medicine	Professor	do	
		Medicin	e				
(regular /contract/deputation)	Regular						
Permanent Residential Address	Birla Ram M	andir Ro	oad Ja	tharpeth, Ako	ola		
Local Residential Address	Birla Ram M	andir Ro	oad Ja	tharpeth, Ako	ola		
State Board / Council	Registration Number 19942						
Registration details	Name of Stat	e Board	M	aharashtra Co	ouncil of Ho	moeopathy	
Mobile Number	9822943207		•				
Email ID	drsachindhar	madhika	ari@r	ediffmail.com	1		
Name of the Principal of college							
	PG Qualification Additional qualification P.G.Diploma/Ph.D Post wise details of Experience in chronological order from the date of initial appointment Presently working Department (Subject) Present Designation Nature of present appointment (regular /contract/deputation) Permanent Residential Address Local Residential Address State Board / Council Registration details Mobile Number Email ID	Name of the Teacher Teacher's code Date of Birth UG Qualification PG Qualification PG Qualification PG Qualification PG Qualification P.G.Diploma/Ph.D Post wise details of Experience in chronological order from the date of initial appointment Present Designation Present Designation Present Designation Nature of present annointment (regular /contract/deputation) Permanent Residential Address Local Residential Address State Board / Council Registration details Mobile Number Dura 16/06/2004 Prosent Designation Professor Regular Registration Registration Registration Registration details Name of State Mobile Number P822943207 Email ID	Name of the Teacher Teacher's code Date of Birth UG Qualification PG Qualification PG Qualification Additional qualification P.G.Diploma/Ph.D Post wise details of Experience in chronological order from the date of initial appointment Present Designation Present Designation Present Designation Present Designation Permanent Residential Address State Board / Council Registration details Mobile Number Duration Por. SATYANAND AN D1. O7-1967 Name of Degree Passing Year University Passing Year University Duration From date 16/06/1994 15/06// 16/06/2001 15/06// 16/06/2004 Onwa Present Designation Professor Regular Registration Number Name of State Board Mobile Number P822943207 drsachindharmadhika	Name of the Teacher Teacher's code Date of Birth UG Qualification PG Subject Passing Year University Passing Year University Pressing Year University Prost wise details of Experience in chronological order from the date of initial appointment From date 16/06/1994 15/06/2001 16/06/2001 15/06/2004 16/06/2004	Name of the Teacher Teacher's code Date of Birth UG Qualification Passing Year University Additional qualification P.G.Diploma/Ph.D Post wise details of Experience in chronological order from the date of initial appointment Presently working Department (Subject) Present Designation Present Designation Present Designation Premanent Residential Address Local Residential Address State Board / Council Registration details Duration Present Designation Professor Registration Number Professor Registration details Dr. SATYANAND ANANDRAO DHARMA OTHER ANDRAM OTHE	Dr. SATYANAND ANANDRAO DHARMADHIKARI Teacher's code	

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

SIGNED BEFORE ME

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. an

Date: Place: Akola do swear in the name of God Selemny Affirm that this is my name and Signature or (Marks) and that the contents of this affidavit are true and correct

hom

Signature of Deponent after altestation)

Signature of Principal Wit

NOTARY

2022 GOVT, OF INDIA - Rea Behind Vitthal Mander, Old City, AKOLA DISTAKOLA (M)

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









Dr. Sanjay Loriat Tiwari, aged 60 Years, S/o Uddhaoprasad Tiwari Joined in this Homocapathic Medical C Akola. On 15/08/1986 and the detail of my qualification and experience are mentioned bytage.

VI	01//	, ,				1	OP		
St.No.	Information of Teacher		To	be f	illed up by Te	acher	To be special and the second		
1.	Name of the Teacher	Dr. SANJAYK	UMAR	JDDF	AOPRASAD	TIWARI			
2.	Teacher's code			-					
3.	Date of Birth	21-02-1962							
4.	UG Qualification	Name of De	Name of Degree DHMS						
		Passing Year		198	5				
		University		MC	H Mumbai				
5.	PG Qualification	Name of Sub	ject	Rep	ertory				
		Passing Year		2000	6-07				
		University		Babasaheb Ambedkar		ar University, Au-bad			
6.	Additional qualification	Subject							
	P.G.Diploma/Ph.D	Passing Year	Passing Year						
		University							
7.	Post wise details of Experience	Dura	ation		Department	Designati	Name of		
	in chronological order from the	From date	To da	ate	(Subject)	on	the college		
	date of initial appointment	15/08/1986	14/08/1989 14/08/1993		Repertory	Demonst rator	HMC, Akot- Road, Akola		
		15/08/1989			Repertory	Lecturer	do		
		15/08/1993	14/08/	1996	Repertory	Reader	do		
		15/08/1996	onwa	rds	Repertory	Professor	do		
8.	Presently working Department (Subject)	Repertory							
9.	Present Designation	Professor							
10.	Nature of present appointment (regular /contract/deputation)	Regular							
11.	Permanent Residential Address				eth, Satav Ch	,			
12.	Local Residential Address	"Mangal Bha	wan" Ja	tharp	eth, Satav Ch	owk, Akola	ì.		
13.	State Board / Council	Registration	Number	13	3323				
	Registration details	Name of State Board Maharashtra Cou					omoeopathy		
14.	Mobile Number	9921979967							
	Email ID	sanjaykumar	tiwari19	62@{	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

SIGNED BEFORE ME

Signature of Depo

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

Janay o swear in the name of God. Selemny Affirm that this is my name and Signature or (Marks) and 15 he contents of this effidavit are true

Signature of Deponent aller intestation)



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

Pincipal with Stampwal Secretary H. E. S. Akot-Road, AKOLA

NOTARY 20 GOVT. OF INDIA - Reg.No.1

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









I Dr. Asprus Deshmukh, aged 43 Years, S/o Arun Deshmukh joined in this Homocoperhic Medical College, Akot Roats Akold. On 28/12/2022 and the detail of my qualification and experience are mentioned below.

HOLLING ANDRESS OF	A COLUMN TO THE PARTY OF THE PA								
Sr. No.	Information of Teacher	To be filled up by Teacher							
1.	Name of the Teacher	Dr. ASMITA ARUN DESHMUKH							
2.	Teacher's code				- Anna Caraca Ca				
3.	Date of Birth	10-10-1980							
4.	UG/PG Qualification	Name of Degree		BHMS (MD)					
		Passing Year		200			Andread Wallack Conference of Control of the Conference of		
		University		MU	HS Nashik		and the second s		
5.	PG Qualification	Name of Subject		Rep	ertory		the second district of the late of the second		
		Passing Year		200	9				
		University		MU	HS Nashik		enan en intergrace del Principio de April 1900 en 1900 en 1900		
6.	Additional qualification	6 1 1			-				
	P.G.Diploma/Ph.D	Passing Year							
		University							
7.	Post wise details of Experience	Dura	ration		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 Nag	ar, Prof	essor	colony, Akola	1.			
12.	Local Residential Address	Ranpise Naga	ar, Prof	essor	colony, Akola	l.			
13.	State Board / Council	Registration	Numbe						
	Registration details	Name of Stat	e Board	d b	Maharashtra Co	ouncil of H	omoeopathy		
14.	Mobile Number	7721060060							
	Email ID	drardeshmuk							
15.	Name of the Principal of college	Dr. Sanjayku	mar U.	Tiwa	ari				

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:

Certified that this document

Place: Akola

Affidavit contains Pages From 1 to One only

HEUN Deshmulch Dr. Asmita

awaar in the name of God. Solemny Kum that this is my name and Signature or (Marks) and that the contents of this affidavit are true con ect

Signature of Deponent after attestation)

Signature of Principal with Stamp Principal

H. M. C. Akut Road, Akola

NOTARY 12-06-2023 GOVT. OF INDIA - Reg.No.15519 Behind Vitthal Mandir, Old City, AKOLA

Dist.AKOLA (M)















Dr. Asta Rumana, aged 33 Years, S/o Syed Kazimuddin I joined in this Homoeopathic Medical College, Akot -Road, Akela. 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				
•	o quamous.	Passing Yea		2	2011				
		University		N	MUHS, Nashik.				
5.	PG Qualification	Name of Su	bject	N	M.D. (Repertory)				
		Passing Yea	r	2	2017				
		University		N	MUHS, Nashik.				
6.	Additional qualification	Subject							
	P.G.Diploma/Ph.D	Passing Year							
		University							
7.	Post wise details of Experience	Dura	tion		Department	Designa	Name of		
	in chronological order from the	.From date	To dat	e	(Subject)	tion	the college		
	date of initial appointment	21/10/2022	onward	ls	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.		_	1				
13.	State Board / Council	Registration			58566	'I CTT	41		
	Registration details	Name of Sta		<u>t</u>	Maharashtra Co	ouncil of He	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

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

NOCANCELLED

Kezimudo Solemn, do swear in the name of God

Aftern that this is my name and Signature or (Marks) and that the Ments of this didavit are true ar

fent after attestation Signature

Signature of Principal with Stamp

Principal H.M.C.

NOTARY

Agrawal

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

Certified that this document/

ffidavit con



NOTARIAL



MAYUR Y AGRAWAL DIST AKOLA

I Dr. Suyog Sudhir Johrapurkar, aged 39Years, S/o Sudhir Joined in this Homoeopathic Medical College Road, Akola. On 06/03/2024 and the detail of my qualification and experience are mentioned below.

						11	R. NO. 16519		
Sr.N o.	Information of Teacher		To be filled up by Teacher R. No. Expiring						
1.	Name of the Teacher	Dr. SUYOG	SUDHIR	JOH	HARAPURKAR	/ C			
2.	Teacher's code	Dr. SUYOG SUDHIR JOHARAPURKAR							
3.	Date of Birth	03/06/1985							
4.	UG Qualification	Name of Degree		В	HMS				
				20	800				
				M	IUHS, Nashik.				
5.	PG Qualification	Name of Su	bject	M	I.D. (ORGANO)	N)			
		Passing Yea	r	20	012				
		University		M	MUHS, Nashik.				
6.	Additional qualification	Subject			-				
	P.G.Diploma/Ph.D	Passing Year							
		University							
7.	Post wise details of Experience	Dura	tion		Department	Designa	Name of		
	in chronological order from the	From date	To dat	e	(Subject)	tion	the college		
	date of initial appointment	06/03/2024	Onward	ds	Com. Medicine	Lecturer	HMC, Akot- Road, Akola		
8.	Presently working Department (Subject)	Community Medicine							
9.	Present Designation	Lecturer							
10.	Nature of present appointment (regular/contract/deputation)	Regular							
11.	Permanent Residential Address				ivraj App, Om Ho				
12.	Local Residential Address				ivraj App, Om Ho	using Socie	ty, Akola.		
13.	State Board / Council	Registration			50000				
	Registration details	Name of Sta		t	Maharashtra Co	ouncil of H	omoeopathy		
14.	Mobile Number	9850433352							
	Email ID	suyog555@							
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

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

wear in the name of God / Solemny Wirm that this is my name and Signature I or (Marks) and that the contents of this affidavit are true and correct

Mohorotarkor (Signature of Deponent after attestation) Signature of Principal with Stamp Dr. S. U. Tiwari

Principal

H.M.C. Akot Road, Akola

Adv. May NOTARY 22 02 25 GOVT. OF INDIA

Infront of Homeguard Office Vasant Talkies Road, AKOLA (M.S)



Certified that this document / Affidavit contains Pages From 1 to ..Q.A. 4.DA











1 Dr. Pratibha Sandip Nirmal, aged 41 Years, S/o Sandip Nirmal Joined in this Homoeopathic yedica Road, Akola. On 20/12/2024 and the detail of my qualification and experience are mentioned pelow

Sr. No.	Information of Teacher		To	be f	illed up by Tea	acher	R. No. 1551		
1.	Name of the Teacher	Dr. PRATIBHA	Dr. PRATIRHA SANDIP NIRMAI						
2.	Teacher's code					10	19/11/200		
3.	Date of Birth	30-07-1987					VT OF 1		
4.	UG Qualification	Name of Deg	ree	BHMS					
		Passing Year		2012					
		University N		MU	HS Nashik.				
5.	PG Qualification	Name of Subject		MD	(Repertory)				
				201	7				
		University		MU	HS Nashik.				
6.	Additional qualification	Subject	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	20/12/2024	onwa	ards	Organon	Lecturer	HMC, Akot-		
	Although the teacher is eligible for				of		Road, Akola		
	the post of Professor but he is				Medicine				
_	working on the post of Lecturer	0	4 - 11 - 1-						
8.	Presently working Department	Organon of N	леаісіп	e					
9.	(Subject)	Lecturer							
10.	Present Designation Nature of present appointment	Regular							
10.	(regular/contract/deputation)								
11.	Permanent Residential Address	New Khetan							
12.	Local Residential Address	New Khetan							
13.	State Board / Council	Registration Number 57012							
	Registration details	Name of Stat	e Boar	d N	Iaharashtra Co	ouncil of H	omoeopathy		
14.	Mobile Number								
	Email ID			m:					
15.	Name of the Principal of college	Dr. Sanjayku				f .1			

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

Dr. Preatibne sandif Nicmal -ffirm that this is my name and Signature / or (Marks) and that the contents of this affidavit are true and correct

Ginnature of Deponent after attestation)

Signature of rincipal with Stamp Dr. S. U. Tiwari

Principal

H.M.C. akot Road, Akola

NOTARY22 | 02 | 2025 GOVT. OF INDIA - 15519 Infront of Homeguard Office resant Talkies Road, AKOLA MES

Certified that this document / Affidavit contains Pages From 1 to any ore









I Dr. Rajashri Swapnil Idhol, aged 35 Years, S/o Swapnil Idhol Joined in this Homoeopathic Medical Appliese Aktural – Road, Akola. On 09/01/2025 and the detail of my qualification and experience are mentioned below.

							D 6 11		
Sr. No.	Information of Teacher	To be filled up by Teach					R. A :51 Expiring D		
1.	Name of the Teacher	Dr. RAJASHR				10	19/11/2029		
2.	Teacher's code					1/10			
3.	Date of Birth	26-12-1989	26-12-1989						
4.	UG Qualification	Name of Degree		BHMS					
				2011					
					JHS Nashik.				
5.	PG Qualification	Name of Sub	iect		Practice of N	Medicine)			
		Passing Year		201		viculonic)			
				-01	HS Nashik.				
6.	Additional qualification	Subject			TIO I VUSITIK.				
	P.G.Diploma/Ph.D	Passing Year							
		University							
7.	Post wise details of Experience	Duration			Department	Designati	Name of		
	in chronological order from the	From date	To d	ato	(Subject)	on	the college		
	date of initial appointment	09/01/2025	onwa		Anatomy	Lecturer	HMC, Akot-		
	Although the teacher is eligible for		Onwe	ii us	Anatomy	Lecturer	Road, Akola		
	the post of Professor but he is								
	working on the post of Lecturer								
8.	Presently working Department	Anatomy							
_	(Subject)								
9.	Present Designation Nature of present appointment	Lecturer							
10.	(regular/contract/deputation)	Regular							
11.	Permanent Residential Address	Ranpise Naga	ar, Dist.	Akol	la.				
12.	Local Residential Address	Ranpise Naga							
13.	State Board / Council	Registration I			9226				
	Registration details	Name of Stat			1aharashtra Co	uncil of H	omoeonathy		
14.	Mobile Number	7743992399					omocopatily		
	Email ID	drrupaliroha	nkar@	gmai	l.com				
15.	Name of the Principal of college	Dr. Sanjayku							
Lharah	solemnly affirm that the above informati								

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

Date: Place: Akola ewear in the name of God / Solemny "firm that this is my name and Signature / or (Marks) and that the contents of this affidavit are true and correct

Ridled.

Signature of Deponent after attestation)

Adv. Mayur Y. Agrawal

NOTARY22

GOVT. OF INDIA - 15519 Infront of Homeguard Office Vasant Talkies Road, AKOLA (M.S) Signature of Principal with Stamp

Dr. S. U. Tiwari Principal

Н.М.С. Akot Road, Akola









I Dr. Pandurang Dhande, aged 57 Years, S/o Tulshiram Dhande Joined in this Homoeopathic Medical College, Akoran Road, Akola. On 24/02/2025 and the detail of my qualification and experience are mentioned before a Distr.

Sr.No	Information of Teacher		-		nd experience a	4	R. No. 1		
1.	Name of the Teacher								
2.	Teacher's code	Dr. PANDURANG TULSHIRAM DHANDE 01/02/1968							
3.	Date of Birth	- Committee of the comm							
4.	UG Qualification	01/02/196	-	× 01					
	oo Qualification		Name of Degree DHMS						
		Passing Ye	ar	199	14				
5.	DC OI'S	University		100	H, Mumbai.				
5.	PG Qualification	Name of Sub		1110	ri, Mullival.				
		Passing Year							
6.	Additional qualification P.G.Diploma/Ph.D	University							
	- Tamedaton F.G.Diploma/Ph.D	Subject							
		Passing Year							
7.	Post wise details of Experience in	University Department							
	chronological order from the date of initial appointment	From date				Designati on	Name o		
		01/11/1997	- 01				the colle		
		01/09/2001	31/01/		HMM	Demonstrator	SJHMC Ako		
			02/11/2		HMM	Lecturer	SJHMC Ako		
		03/11/2004	15/05/2023 24/02/2025		HMM	Associate Professor	SJHMC Ako		
		16/05/2023			HMM	Associate Professor	Shraddha HMC Washir		
0	December	24/02/2025	Onwa	rds	НММ	Associate	HMC, Akot		
8.	Presently working Department (Subject)	HMM				Professor	Road, Akola		
9.	Present Designation	Associate P	rofesso	r					
10.	Nature of present appointment (regular/contract/deputation)	Regular	1010000	1					
11.	Permanent Residential Address	Near Gayatri	Mondin	7					
12.	Local Residential Address	Near Gayatri Mandir Engineers Colony Road, Mothi Umri Akola.							
13.	State Board/Council Registration	Near Gayatri Mandir Engineers Colony Road, Mothi Umri Akola							
100000000000000000000000000000000000000	details	Registration Number 23316							
14.	Mobile Number		te Board	d Ma	aharashtra Co	uncil of Hor	noeopathy		
	Email ID	9850957743							
	N. C.I.	drdhande68@							
	solemnly affirm that the above information	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 Date:

(Nun,

Place: Akola

AGRAWAI

wear in the name of God / Solding and that this is my name and Signature or (Marks) and that the contents of this affidavit are true and correct

-

H. M. C. Akot Road, Akola

Signature of Principal with Stamp

Principal

(Signature of Deponent after after after after)

Adv. Mayur Y. Agrawal

GOVT. OF INDIA - 15519

Infront of Homeguard Office
(asant Talkies Road, AKOLA (M.S.)

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