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	he fi	illed up by Tea	char	akot Road,
1.	Name of the Teacher	Dr. MANOJ R				cher	
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	18		
		and the same of th		1992			
				-	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			(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 Co	ouncil of H	omoeonathy
14.	Mobile Number	9850320433					
	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.

100						TARREST OF THE PROPERTY OF THE PERSON NAMED IN COLUMN TWO IS NOT THE P	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		199	7			
		University		Amı	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- Road, Akola	
8.	Presently working Department (Subject)	Anatomy					Road, Akoia	
9.	Present Designation	Lecturer						
10.	Nature of present appointment							
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	- 4.5, 0.4 0	ity, rikola.	
	Registration details	Name of Stat		_	Iaharashtra Co	ouncil of H	nmoeonathy	
14.	Mobile Number	9767230785					omocopatily	
	Email ID	drimrankhan13	6@gma	il.com				
15.	Name of the Principal of college	Dr. Sanjayku						
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)



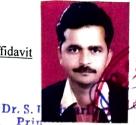












Y.Agrawal

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 te	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				
		University		1992 MCI	H Mumbai		
5.	PG Qualification	Name of Sub	iect		i iviuilibai		
		Dagging V.					
		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	ato	(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	ırds	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	T			Oau, rittore	A CONTRACTOR OF THE PARTY OF TH	-		
	Information of Teacher	To be filled up by Teacher Dr. DAOUD AMIN ABDUL QUAHHAR MOHAMMAD							
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	DH	DHMS				
		Passing Year		1993	3				
					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	Dura	tion		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	31/07/	2006	Physiology	Lecturer	Road, Akola		
	for the post of Professor but he	01/08/2006	onwa		Physiology	Reader	do		
_	is working on the post of Reader	1000.000 7 17. 17. 17. 17.	011		Thysiology	Reader	uo		
8.	Presently working Department	Physiology							
_	(Subject)	D .							
9.	Present Designation Nature of present appointment	Reader							
10.	(regular /contract/deputation)	Regular							
11.	Permanent Residential Address	Sahajahan Re	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	i M	Iaharashtra C	ouncil of H	omoeopathy		
14.	Mobile Number	9922477499					1		
	Email ID	drdaoudamir	n@gma	il.com	ĺ				
15.	Name of the Principal of college	Dr. Sanjayku							
	real-make efficient that the alternative and								

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		nia/2004/siano y feroproceso o contratorese o		
2.	Teacher's code		ter an average and the second		gliero chadda programente se resulta i supplemente de l'Aria	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 tagata a leanna-chain da titat mi letteri e	Logica Productive - Control Control		
		Passing Year		200.		et en			
		University		Nag	pur University	Y L	Notice that Development of the property of the second seco		
5.	PG Qualification	Name of Sub	ject	16.94					
		Passing Year		% W			n, days we approximate to the prompt of a benefit with the last		
		University							
6.	Additional qualification	Subject							
	P.G.Diploma/Ph.D	Passing Year	Passing Year						
		University							
7.	Post wise details of Experience in	Dura	tion		Department	Designati	Name of		
	chronological order from the date	From date	To d	ate	(Subject)	on	the college		
	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, Akoli		
8.	Presently working Department (Subject)	Physiology							
9.	Present Designation	Lecturer							
10.	Nature of present appointment (regular /contract/deputation)	Regular							
11.	Permanent Residential Address	Krishna Chay	ya, Bld.	Bhag	wat Plot Ako	la.			
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 filled up by Teacher						
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		198	2			
		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	30/06/1986		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	onwards		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

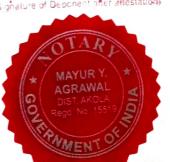
Signature of Deponent/ Teacher

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	o be	e filled up by Te	acher			
No.	orridaener		•	0.0	·				
1.	Name of the Teacher	Dr. PRIYANI	KA NARA	YAI	NDAS AGARWA	L			
2.	Teacher's code								
3.	Date of Birth	14/12/1989)						
4.	UG Qualification	Name of De		B	BHMS				
		Passing Year)13				
		University							
5.	PG Qualification	Name of Su	bject	М	.D. (PEADITRI	(CS)			
		Passing Yea	r	20	18				
		University 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	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		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:

"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. HITESITK	HIVIESH	SHAI	VASTAV				
3.	Date of Birth	23-04-1977							
4.	UG Qualification	Name of Deg	ree	BHMS					
		Passing Year		1999					
		University							
5.	PG Qualification	Name of Subject		- Aiiii	ravati Univers	ity, Amrava	atı		
		Passing Year		_					
		University							
6.	Additional qualification	Subject CCM		/D					
	P.G.Diploma/Ph.D								
		University							
7.	Post wise details of Experience		ation		HS, NASHIK				
	in chronological order from the	From date	To d	240	Department (Subject)	Designati	Name of		
	date of initial appointment	08/08/2000	07/08/				the college		
		00 00 2000 07/08/2		2003	Pathology	Demonst rator	HMC, Akot- Road, Akola		
		08/08/2003	07/08/	2007	Pathology	Lecturer	do		
		08/07/2007	07/08/	2010	Pathology	Reader	do		
	Proceeds 12	08/08/2010	Onw	ards	Pathology	Professor	do		
8.	Presently working Department (Subject)	Pathology							
9.	Present Designation	Professor							
10.	Nature of present appointment (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		_	Maharashtra C	ouncil of H	omoeonathy		
14.	Mobile Number	9822696979					omocopatily		
	Email ID	ritesh23477@		m					
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. 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 Leacher						
1.	Name of the Teacher	Dr. MADHUR	and the second second second	and the state of the state of	the first state of the state of	-	April 19 m. Landing and Street Color () (1990)	
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		marketing of the last 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	e 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	al adjusted to		
Sr. No.	Information of Teacher		T	o be	filled up by Te	eacher			
1.	Name of the Teacher	Dr. VAISHAL	LIAGAN	INIATI	II DOCE				
2.	Teacher's code	OT. VAISTIAL	JAGAN	VIVAII	H DOSE				
3.	Date of Birth	30-06-1979							
4.	UG Qualification			DIE	1.10				
		Name of De		BH					
		Passing Year		200					
5.	PG Qualification	University		Am	ravati Univers	sity Amrava	ati		
	- Quantication	Name of Sub							
		Passing Year							
6.	Additional qualification	University *Subject							
0.	P.G.Diploma/Ph.D		*Su b ject						
	1.G.Bipioma/Fil.D		0						
7.	Post wise details of 5	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	02/05/2012	01/05/2	2019	FMT	Lecturer	HMC, Akot- Road, Akola		
		02/05/2019	onwa		FMT	Reader	do		
8.	Presently working Department (Subject)	Forensic Me	dicine a	ınd To	oxicology	- 100001	do		
9.	Present Designation	Reader							
10.	Nature of present appointment (regular /contract/deputation)	Regular							
11.	Permanent Residential Address	Near Parvati	Sadan, I	Rautw	vadi Akola				
12.	Local Residential Address	Near Parvati	Sadan, I	Rautw	adi Akola				
13.	State Board / Council	Registration I	Number	36	355				
	Registration details	Name of State		_	aharashtra Co	uncil of U	maaanatha		
14.	Mobile Number	7719057975			uonia Co	unen or me	лиоеораціу		
	Email ID	dosevaishu197	9@gmai	I.com					
15.	Name of the Principal of college	Dr. Sanjaykur			i				
	1 1 66	5 5			•		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.

	the state of the s			Koan, American	- ~ V	///		
F.SP.	Information of Teacher		T	o be filled up by Te	acher			
1.	Name of the Teacher	Dr. ASHISH	RUPLAL	YADAV				
2.	Teacher's code							
3.	Date of Birth	14/07/1985						
4.	UG Qualification	Name of De		BHMS				
ì		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		
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	25/10/2021	onward	ls FMT	Lecturer	HMC, Akot-		
		23/10/2021				Road, Akola		
8.	Presently working Department (Subject)	FMT						
8.	Presently working Department (Subject) Present Designation							
	Presently working Department (Subject)	FMT						
9.	Presently working Department (Subject) Present Designation Nature of present appointment	FMT Lecturer						
9.	Presently working Department (Subject) Present Designation Nature of present appointment (regular /contract/deputation)	FMT Lecturer Regular						
9. 10.	Presently working Department (Subject) Present Designation Nature of present appointment (regular /contract/deputation) Permanent Residential Address Local Residential Address State Board / Council	FMT Lecturer Regular Akola.	Numbe					
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	FMT Lecturer Regular Akola. Akola. Registration Name of Sta	te Board	r 53636	ouncil of Ho	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	FMT Lecturer Regular Akola. Akola. Registration Name of Sta 9372505157	te Board	r 53636 d Maharashtra C	ouncil of He	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	FMT Lecturer Regular Akola. Akola. Registration Name of Sta	te Board gmail.c	r 53636 d Maharashtra C	ouncil of H	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	SHRI\A/AC		
2.	Teacher's code		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	01110	AWALKISHON S	CHAMILIE		
3.	Date of Birth	25-01-1975						
4.	UG Qualification	Name of Deg	ree	ВН	MS			
		Passing Year	,,,,,	199				
		University			ravati Univers	ity Amrays	ati	
5.	PG Qualification				navati Omveis	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			Surgery	Demonst	HMC, Akot- Road, Akola	
		01/07/2005			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 1	Maharashtra C	ouncil of H	omoeopathy	
14.	Mobile Number	9850361790						
	Email ID	dr.narendra.						
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.

The state of the s										
SONO	Information of Teacher		To	o be f	illed up by tea	acheor \	MI			
	Name of the Teacher	Dr. PRAVIN S	UDHIR	CHANDRA MAHANKAR						
2.	Teacher's code									
3.	Date of Birth	21-06-1989								
4.	UG Qualification	Name of Deg	ree	BHI	BHMS					
		Passing Year		201	2					
		University		MU	HS, Nashik					
5.	PG Qualification			MD	. (REPERTOR	RY)				
				202						
		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 da		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	omoeopathy			
14.	Mobile Number	7875854857								
	Email ID	drmahankarp	ravin@	gmai	l.com					
15.	Name of the Principal of college	Dr. Sanjayku								
I horob	v colomply 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:

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	ВН	MS			
				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	do
		20/02/2002	19/02/		Obst&Gynac	Lecturer Reader	do
		20/02/2009	Onwa		Obst&Gynac	Professor	do
8.	Presently working Department (Subject)	Obst & Gyna				110105501	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	ola.
12.	Local Residential Address				ni Nagar, Khol		
13.	State Board / Council	Registration I	Number	28	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	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

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	DHMS					
		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	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			
0	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 Number 16935								
	Registration details	Name of Stat	e Board	i N	Maharashtra Co	ouncil of Ho	omoeopathy			
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

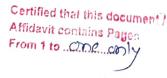
Signature of Deponent/ Teacher

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- N	T			-	OF IN	A	kot Road, Ako	
Sr. No.	Information of Teacher		Т	o be f	filled up by Tea	acher		
1.	Name of the Teacher	Dr. SHAILESH	H KANA	HAIYA	ALAL JAIN			
2.	Teacher's code							
3.	Date of Birth	25-05-1967						
4.	UG Qualification	Name of Deg	gree	BH	MS (Graded)			
		Passing Year		199	6			
		University			Babasaheb Ambed	lkar Univarsit	y,	
5.	PG Qualification			ingabad.				
3.	rd Qualification			O. (Repertory)				
		Passing Year 2008						
_		University		MU	HS Nashik			
6.	Additional qualification	Subject		CCN	MP			
	P.G.Diploma/Ph.D	Passing Year 2019		9	,			
		University	niversity MUH		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	
_	Breeze Maria Control	01/08/2001	Onw		Medicine	Professor	do	
8.	Presently working Department (Subject)	Practice of M	1edicine	е				
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				on or Th	omocopatily	
	Email ID	drjain26@hotr	nail.com					
15.	Name of the Principal of college	Dr. Sanjayku	mar II	Tiwa	ori			
Lhorob	y colomply office that the above is 6			1 1 VV CL	41 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.

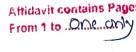
Date:

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	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								
		Passing Year								
6.	A Little	University								
0.	Additional qualification	Subject		CCN	MР					
	P.G.Diploma/Ph.D	Passing Year 2020								
_		University		MUI	HS NASHIK					
7.	Post wise details of Experience	Dura	Dti				Name of			
	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	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									
٥.	Presently working Department	Practice of M	ledicine							
9.	(Subject)									
10.	Present Designation Nature of present appointment	Lecturer								
10.	(regular /contract/deputation)	Regular								
11.	Permanent Residential Address	Annapurna A	nartme	nt Re	enukanagar, D	onki Daad	A11.			
12.	Local Residential Address	Annapurna A	nartme	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	20010	.,	iana asini a Ci	Juneil Of He	omoeopatny			
	Email ID	drsurajippar(@gmail.	com						
15.	Name of the Principal of college	Dr. Sanjayku			ri					
L	1 1 1		u. U.	- 1 · · · a	4.4					

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 paper.		
3.	Date of Birth	15/03/1977							
4.	UG Qualification	Name of Deg	ree	BH	MS				
		Passing Year		200	1				
	Uni				t Gadhgebaba ravati.	Amravati U	University,		
5.	PG Qualification	Name of Sub	iect		n. Materia Me	dica			
	- Laumenton			200		uica			
		University		asaheb Ambe	dkar Maratl	hwada			
		Oniversity			versity, Auran		1774444		
6.	Additional qualification				inversity, Aurangabau.				
	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/	2008	НММ	Lecturer	HMC, Akot- Road, Akola		
		01/08/2008	31/07/	2011	HMM	Reader	do		
		01/08/2011	onwa		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	HMM	Lecturer	do			
		01/07/2002	Onw	ards	HMM	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								
	Email ID	orsaboo333@gmail.com								
15.	Name of the Principal of college	Dr. Sanjayku	mar Ū.	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)











UP						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	gree	E	BHMS				
		Passing Year			012				
		University		N	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 Number 61358							
	Registration details	Name of State Board Maharashtra Council of Homoeopathy							
14.	Mobile Number	7385142425							
	Email ID	drsattur333@gmail.com							
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

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

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		Т	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	Dura	tion		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	cola		
12.	Local Residential Address	Shrowajni Na	aidu Ma	rg Ra	mdaspeth, Ak	ola.		
13.	State Board / Council	Shrowajni Naidu Marg Ramdaspeth, Akola. Registration Number 13325						
	Registration details	Name of State Board Maharashtra Council of Homoeopathy						
14.	Mobile Number	9421894693				- Inchi of the	omocopatny	
	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 state of the	7011	Akot Road, Akola								
SK. NO.	formation of Teacher		To	o be f	illed up by Te	acher 0	19			
Firm + B	Name of the Teacher	Dr. KALPANA	MADH	IAO BI	HISE	L'as	VT. OF			
V 12.	Teacher's code									
-	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	non of Home	peopathy Pl	nilosophy			
		Passing Year		2008						
		University		MUI	HS, Nashik					
6.	Additional qualification	Subject								
	P.G.Diploma/Ph.D	Passing Year -								
		University -								
	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			
<u> </u>	Presently working Department (Subject)	Organon								
9.	Present Designation	Professor								
	Nature of present appointment (regular /contract/deputation)	Regular								
	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	d 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	mar II	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: 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	The same of the same of			- Comment	-
	1			and the second s		
	Dr. SATYANA	AND AN	ANDF	RAO DHARMA	DHIKARI	
Date of Birth	01-07-1967					
UG Qualification	Name of De	gree	DHI	MS		
	Passing Year	Passing Year		2		
	University		MC	H Mumbai		
PG Qualification	Name of Subject -					
	Passing Year					
	University					
Additional qualification	Subject	Subject				
P.G.Diploma/Ph.D	Passing Year					
	University					
Post wise details of Experience	Dura	ion		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	15/06/1	1997	C. Medicine	Demonst	HMC, Akot-
					rator	Road, Akola
					Lecturer	do
		15/06/2004				do
				C. Medicine	Professor	do
		Medicin	e			
	Professor					
(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	ri@r	ediffmail.com	ı	
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 Quali	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 Post of Degree Passing Year University Passing Year University Passing Year University Present Duration From date 16/06/1994 15/06/2 16/06/2001 15/06/2 16/06/2004 0nwar 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	Date of Birth O1-07-1967 DHMS	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//				,	1.1	OF		
St. No.	Information of Teacher	To be filled up by Teacher							
1.	Name of the Teacher	Dr. SANJAYK	UMAR	UDDF	HAOPRASAD	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		Baba	asaheb Ambedi	ar Universit	y, Au-bad		
6.	Additional qualification	Subject							
	P.G.Diploma/Ph.D	Passing Year -							
		University							
7.	Post wise details of Experience	Dura	ation		Department	Designati	Name of		
	in chronological order from the	From date	To d	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	onwards		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 Stat	e Board	M	laharashtra Co	ouncil of Ho	omoeopathy		
14.	Mobile Number	9921979967							
	Email ID	sanjaykumar	tiwari19	62@{	gmail.com				
15.	Name of the Principal of college	Dr. Sanjayku	mar U.	Tiwar	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 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.

PRODUCE AND SE	A CONTRACTOR OF THE PROPERTY O								
Sr. No.	Information of Teacher	To be filled up by Teacher							
1.	Name of the Teacher	Dr. ASMITA	Dr. ASMITA ARUN DESHMUKH						
2.	Teacher's code								
3.	Date of Birth	10-10-1980							
4.	UG/PG Qualification	Name of Deg	Name of Degree		MS (MD)		Appropriate the second and the second area and the second and the		
		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 Sub	ject	Rep	ertory		the beautiful the beautiful to the beautiful to		
		Passing Year		200	9				
				MU	HS Nashik		enan en intergrace del Principio de April 1900 - 1901 - 19		
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	28/12/2022	onwa	ards	Repertory	Reader	HMC, Akot- Road, Akola		
8.	Presently working Department (Subject)	Repertory							
9.	Present Designation	Reader							
10.	Nature of present appointment (regular /contract/deputation)	Regular							
11.	Permanent Residential Address	Ranpise Nagar, Professor colony, Akola.							
12.	Local Residential Address	Ranpise Naga	ar, Prof	essor	colony, Akola	l.			
13.	State Board / Council	Registration Number							
	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	nri				

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	9						
4.	UG Qualification	Name of Degree			BHMS				
•	o quamous.	Passing Yea		2	2011				
		University		N	MUHS, Nashik.				
5.	PG Qualification				M.D. (Repertory)				
		Passing Yea	r	2	017				
		University		N	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 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.		_					
13.	State Board / Council	Registration			58566	'I CII	-41		
	Registration details	Name of Sta		t	Maharashtra Co	ouncil of Ho	omoeopathy		
14.	Mobile Number	9922034116							
	Email ID	drasrasyed2							
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.

						-	AL 519		
Sr.N o.	Information of Teacher		T	o b	e filled up by Te	ache#	R. NO. 1519 R. NO. 1519 Expiring Of. 19/11/2029		
1.	Name of the Teacher	Dr. SUYOG SUDHIR JOHARAPURKAR							
2.	Teacher's code		VT OF						
3.	Date of Birth	03/06/1985							
4.	UG Qualification	Name of Degree		В	HMS				
		Passing Year		20	800				
		University		M	IUHS, Nashik.				
5.	PG Qualification	Name of Subject		M	I.D. (ORGANO	N)			
		r assiring real		20	012				
				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	Gorakshan Road, Near Shivraj App, Om Housing Society, Akola.							
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 filled up by Teacher R. No. 155								
1.	Name of the Teacher	Dr. PRATIBHA				1	Expiring Dt			
2.	Teacher's code					100	19/11/200			
3.	Date of Birth	30-07-1987		TOF						
4.	UG Qualification	Name of Degree		BHI	BHMS					
		Passing Year		2013	2					
		University		MU	HS Nashik.					
5.	PG Qualification	Name of Subject		MD	(Repertory)					
		Passing Year		201	7					
		University		MU	HS Nashik.					
6.	Additional qualification	Subject								
	P.G.Diploma/Ph.D	Passing Year								
		University								
7.	Post wise details of Experience	Dura	tion		Department	Designati	Name of			
	in chronological order from the	From date	To d	ate	(Subject)	on	the college			
	date of initial appointment	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 (1)	4 11 1							
8.	Presently working Department	Organon of N	/leaicin	ie						
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		per 57012						
	Registration details	Name of Stat	e Boar	d N	1aharashtra Co	ouncil of Ho	omoeopathy			
14.	Mobile Number									
	Email ID									
15.	Name of the Principal of college	Dr. Sanjayku								

I hereby solemnly affirm that the above information is correct as per my records and knowledge. I further affirm that I have not presented myself as a teaching faculty to any other institution for the visitation of same academic session, if any information given in this affidavit is found to be incorrect/ false. 1 shall be liable for any disciplinary action.

Date:

Place : Akola

Signature of Deponent/ Teacher

I hereby solemnly affirm that the above information is correct as per my record and knowledge and 1 personally verified the above information with the original documents of the teacher. 1 further affirm that if any information given in this affidavit is found to be incorrect/ false. I have no objection for any disciplinary action against the concerned teacher and myself.

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 A
Sr. No.	Information of Teacher	To be filled up by Teache					R. A :51 Expiring D
1.	Name of the Teacher	Dr. RAJASHR				10	19/11/2029
2.	Teacher's code					1/0	
3.	Date of Birth	26-12-1989					OF
4.	UG Qualification	Name of Degree		ВН	MS		
		Passing Year		201	1		
		University N		MU	JHS Nashik.		
5.	PG Qualification	,			(Practice of N	Medicine)	
		Passing Year		201		(redictile)	
		University		-01	HS Nashik.		
6.	Additional qualification	Subject			TIO I VUSITIK.		
	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 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					
I hereby	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		-		id experience a	4	R. No. 1		
1.	Name of the Teacher	D. DANIE		To be	filled up by	Teacher			
2.	Teacher's code	Dr. PANDURANG TULSHIRAM DHANDE 01/02/1968							
3.	Date of Birth	04/00/							
4.	UG Qualification	01/02/196	-	× 01					
	oo quanneation	Name of D		DH	MS				
		Passing Ye	ar	199	4				
5.	DC Overige at	University		100000000000000000000000000000000000000	H, Mumbai.				
5.	PG Qualification	Name of Sub	ject		ri, iviumbai.				
		Passing Year							
6.	Additional qualification P.G.Diploma/Ph.D	University							
	quantitation P.G.Diploma/Ph.D	Subject							
		Passing Year University							
7.	Post wise details of Experience in		Duration						
	chronological order from the date of initial appointment	From date			Department	Designati on	Name o		
		01/11/1997	- 01		(Subject)		the colle		
		01/09/2001	31/01/2		HMM	Demonstrator	SJHMC Ako		
			02/11/2	20000000	HMM	Lecturer	SJHMC Ako		
	*	03/11/2004	15/05/2		НММ	Associate Professor	SJHMC Ako		
		16/05/2023	24/02/2025		HMM As	Associate Professor	Shraddha HMC Washir		
0 1	December	24/02/2025	Onwar	rds	HMM	Associate	HMC, Akot		
8. I	Presently working Department (Subject)	HMM				Professor	Road, Akola		
9.	Present Designation	Associate P	rofesso	r					
10.	Nature of present appointment (regular/contract/deputation)	Regular	2010000	1					
11.	Permanent Residential Address	Near Gayatri	Mandin I	Zm od in a	01 -				
12.	Local Residential Address	Near Gayatri Mandir Engineers Colony Road, Mothi Umri Akola.							
	State Board/Council Registration	Near Gayarri Mandir Engineers Colony Road, Mothi Umri Akola							
1	details	Registration Number 23316							
14.	Mobile Number		te Board	i Ma	harashtra Co	uncil of Hor	noeopathy		
	Email ID	9830937743							
	Name of the Principal of college	drdhande68@gmail.com Dr. Sanjaykumar U. Tiwari							

I hereby solemnly affirm that the above information is correct as per my records and knowledge. I further affirm that I have not presented myself as a teaching faculty to any other institution for the visitation of same academic session, if any information given in this affidavit is found to be incorrect/ false. 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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