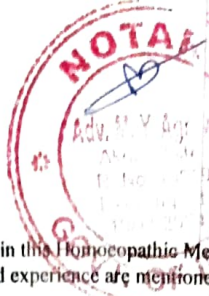


Affidavit



I Dr. Manoj Sarde, aged 50 Years, S/o Ramswarupji Sarde Joined in the Homoeopathic Medical College, Akola, Road, Akola. On 13/06/1994 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. MANOJ RAMSWARUPJI SARDA				
2.	Teacher's code					
3.	Date of Birth	10-04-1972				
4.	UG Qualification	Name of Degree	DHMS			
		Passing Year	1992			
		University	MCH Mumbai			
5.	PG Qualification	Name of Subject	--			
		Passing Year	--			
		University	--			
6.	Additional qualification P.G.Diploma/Ph.D	Subject	--			
		Passing Year	--			
		University	--			
7.	Post wise details of Experience in chronological order from the date of initial appointment Although the teacher is eligible for the post of Professor but he is working on the post of Reader	Duration		Department (Subject)	Designation	Name of the college
		From date	To date			
		13/06/1994	12/06/1997	Anatomy	Demonstrator	HMC, Akot-Road, Akola
		13/06/1997	12/06/2001	Anatomy	Lecturer	--do--
		13/06/2001	23/06/2022	Anatomy	Reader	--do--
24/06/2022	Onwards	Anatomy	Professor	--do--		
8.	Presently working Department (Subject)	Anatomy				
9.	Present Designation	Professor				
10.	Nature of present appointment (regular /contract/deputation)	Regular				
11.	Permanent Residential Address	"Shri Krishna Kunj" Kholeshwar Road, Akola				
12.	Local Residential Address	"Shri Krishna Kunj" Kholeshwar Road, Akola				
13.	State Board / Council Registration details	Registration Number	20250			
		Name of State Board	Maharashtra Council of Homoeopathy			
14.	Mobile Number	9850320433				
	Email ID	sardadrmanoj@gmail.com				
15.	Name of the Principal of college	Dr. Sanjaykumar U. Tiwari				

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

Date:

Place : Akola

**SIGNED
BEFORE ME**

M. Sarde

Signature of Deponent/ Teacher

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

Date:

Place: Akola



Dr. S. U. Tiwari

Signature of Principal with Stamp

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

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

M. Sarde

Signature of Deponent after attestation)

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

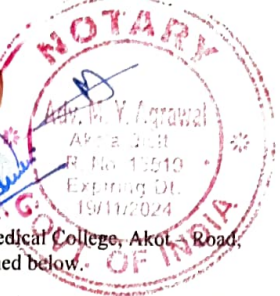
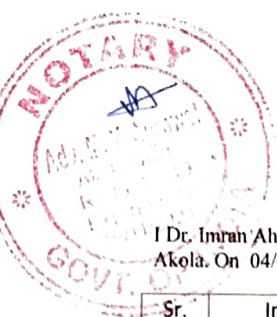
Adv. Mayur Y. Agrawal
NOTARY 1318122
GOVT. OF INDIA - Reg No 15519
Behind Virhat Mandir, Old City, AKOLA
Dist AKOLA (M)



Affidavit



Dr. Imran Ahmed Gulab Khan
Principal
H. M. C.
AKOLA ROAD, AKOLA



I Dr. Imran Ahmed, aged 47 Years, S/o Gulab Khan Joined in this Homoeopathic Medical College, Akola - Road, Akola. On 04/07/2008 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. IMRAN AHMED GULAB KHAN				
2.	Teacher's code					
3.	Date of Birth	06-02-1975				
4.	UG Qualification	Name of Degree	BHMS			
		Passing Year	1997			
		University	Amravati University, Amravati.			
5.	PG Qualification	Name of Subject	--			
		Passing Year	--			
		University	--			
6.	Additional qualification P.G.Diploma/Ph.D	Subject	--			
		Passing Year	--			
		University	--			
7.	Post wise details of Experience in chronological order from the date of initial appointment	Duration		Department (Subject)	Designation	Name of the college
		From date	To date			
		04/07/2008	Onwards	Anatomy	Lecturer	HMC, Akot-Road, Akola
8.	Presently working Department (Subject)	Anatomy				
9.	Present Designation	Lecturer				
10.	Nature of present appointment (regular /contract/deputation)	Regular				
11.	Permanent Residential Address	Nafis Park, Ganga Nagar-1, Washim by Pas, Old City, Akola.				
12.	Local Residential Address	Nafis Park, Ganga Nagar-1, Washim by Pas, Old City, Akola.				
13.	State Board / Council Registration details	Registration Number	27483			
		Name of State Board	Maharashtra Council of Homoeopathy			
14.	Mobile Number	9767230785				
	Email ID	drimrankhan136@gmail.com				
15.	Name of the Principal of college	Dr. Sanjaykumar U. Tiwari				

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

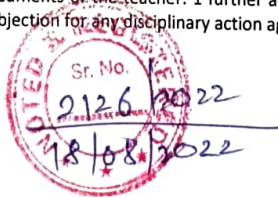
Date:
Place : Akola

**SIGNED
BEFORE ME**

Imran
Signature of Deponent/ Teacher

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

Date:
Place: Akola



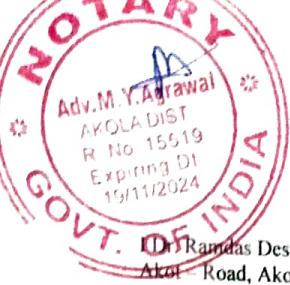
Sanjaykumar U. Tiwari
Signature of Principal With Stamp
S. U. Tiwari
Principal
H. M. C.
AKOLA ROAD, AKOLA

Imran Ahmed Gulab Khan
do swear in the name of God. Solemnly affirm that this is my name and Signature or (Marks) and that the contents of this Affidavit are true and correct.
Imran
Signature of Deponent after attestation)

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

Adv. Mayur Y. Agrawal
NOTARY 18/8/22
GOVT. OF INDIA - Reg No 15519
Behind Vilthai Mandir, Old City, AKOLA
Dist. AKOLA (M)

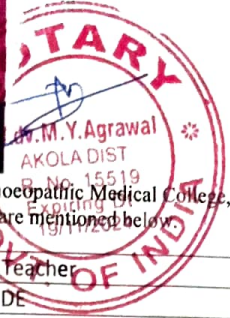




Affidavit



Dr. S. U. Tiwari



I, Dr. Ramdas Deshpande, aged 55 Years, S/o Achyut Rao Deshpande, Joined in this Homoeopathic Medical College, Akola - Road, Akola. On 01/01/1996 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. RAMDAS ACHYUTRAO DESHPANDE				
2.	Teacher's code					
3.	Date of Birth	03-10-1967				
4.	UG Qualification	Name of Degree	DHMS			
		Passing Year	1992			
		University	MCH Mumbai			
5.	PG Qualification	Name of Subject	--			
		Passing Year	--			
		University	--			
6.	Additional qualification P.G.Diploma/Ph.D	Subject	--			
		Passing Year	--			
		University	--			
7.	Post wise details of Experience in chronological order from the date of initial appointment Although the teacher is eligible for the post of Professor but he is working on the post of Reader	Duration		Department	Designation	Name of the college
		From date	To date	(Subject)		
		01/01/1996	31/12/1999	Physiology	Demonstrator	HMC, Akot-Road, Akola
		01/01/2000	31/12/2004	Physiology	Lecturer	--do--
		01/01/2005	31/12/2008	Physiology	Reader	--do--
01/01/2009	onwards	Physiology	Professor	--do--		
8.	Presently working Department (Subject)	Physiology				
9.	Present Designation	Professor				
10.	Nature of present appointment (regular /contract/deputation)	Regular				
11.	Permanent Residential Address	"207 Mauli" Keshav Nagar, Akola				
12.	Local Residential Address	"207 Mauli" Keshav Nagar, Akola				
13.	State Board / Council Registration details	Registration Number	20701			
		Name of State Board	Maharashtra Council of Homoeopathy			
14.	Mobile Number	9850208586				
	Email ID	drrajudeshpande.akola@gmail.com				
15.	Name of the Principal of college	Dr. Sanjaykumar U. Tiwari				

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

Date:
Place : Akola

Signature of Deponent/ Teacher

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

Date:
Place: Akola



Signature of Principal with Stamp

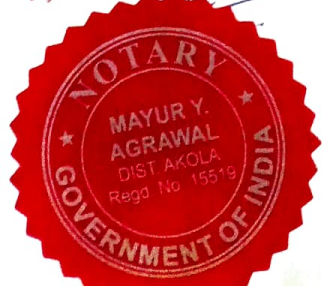
Dr. S. U. Tiwari
Principal
H. M. C.
Akola Road, Akola

Dr. R. A. Deshpande
do swear in the name of God Solemnly affirm that this is my name and Signature or (Marks) and that the contents of this affidavit are true and correct.
Signature of Deponent (attestation)

Certified that this document / Affidavit contains Pages From 1 to 01 page

Adv. Mayur Y. Agrawal

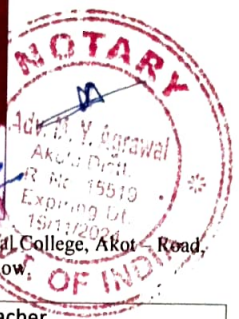
NOTARY 13/10/22
GOVT. OF INDIA - Reg.No.15519
Behind Vitthal Mandir, Old City AKOLA
Dist AKOLA (M) 9226211830



Affidavit



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



I Dr. Daoud Amin, aged 51 Years, S/o Abdul Quahhar Joined in this Homoeopathic Medical College, Akot Road, Akola. On 01/08/1999 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. DAOUD AMIN ABDUL QUAHHR MOHAMMAD				
2.	Teacher's code					
3.	Date of Birth	10-08-1971				
4.	UG Qualification	Name of Degree	DHMS			
		Passing Year	1993			
		University	MCH Mumbai			
5.	PG Qualification	Name of Subject	--			
		Passing Year	--			
		University	--			
6.	Additional qualification P.G.Diploma/Ph.D	Subject	--			
		Passing Year	--			
		University	--			
7.	Post wise details of Experience in chronological order from the date of initial appointment Although the teacher is eligible for the post of Professor but he is working on the post of Reader	Duration		Departmen t (Subject)	Designa tion	Name of the college
		From date	To date			
		01/08/1999	31/07/2002	Physiology	Demonsrat or	HMC, Akot- Road, Akola
		01/08/2002	31/07/2006	Physiology	Lecturer	--do--
01/08/2006	onwards	Physiology	Reader	--do--		
8.	Presently working Department (Subject)	Physiology				
9.	Present Designation	Reader				
10.	Nature of present annointment (regular /contract/deputation)	Regular				
11.	Permanent Residential Address	Sahajahan Road Mominpura, Akola				
12.	Local Residential Address	Sahajahan Road Mominpura, Akola				
13.	State Board / Council Registration details	Registration Number	22901			
		Name of State Board	Maharashtra Council of Homoeopathy			
14.	Mobile Number	9922477499				
	Email ID	drdaoudamin@gmail.com				
15.	Name of the Principal of college	Dr. Sanjaykumar U. Tiwari				

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

Date:
Place : Akola

**SIGNED
BEFORE ME**

Amin
Signature of Deponent/ Teacher

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

Date:
Place: Akola



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

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

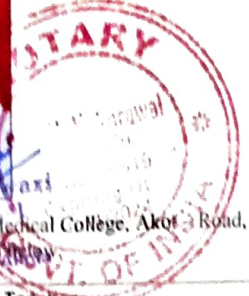
Amin
Signature of Deponent after attestation)

Certified that this document!
Affidavit contains Page
From 1 to One only

Adv. Mayur Y. Agrawal
NOTARY
GOVT. OF INDIA - Reg.No.15510
Behind Vitthal Mandir, Old City, AKOLA.
Dist.AKOLA (M)



Affidavit



I Dr. Harshalata Kole, aged 44 Years, S/o Sushant Kole Joined in this Homoeopathic Medical College, Akot Road, Akola. On 01/06/2008 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. HARSHALATA SUSHANT KOLE				
2.	Teacher's code					
3.	Date of Birth	30-08-1978				
4.	UG Qualification	Name of Degree	BHMS			
		Passing Year	2003			
		University	Nagpur University			
5.	PG Qualification	Name of Subject	--			
		Passing Year	--			
		University	--			
6.	Additional qualification P.G.Diploma/Ph.D	Subject	--			
		Passing Year	--			
		University	--			
7.	Post wise details of Experience in chronological order from the date of initial appointment Although the teacher is eligible for the post of Professor but she is working on the post of Lecturer	Duration		Department (Subject)	Designation	Name of the college
		From date	To date			
		01/06/2008	onwards	Physiology	Lecturer	HMC, Akot-Road, Akola
8.	Presently working Department (Subject)	Physiology				
9.	Present Designation	Lecturer				
10.	Nature of present appointment (regular /contract/deputation)	Regular				
11.	Permanent Residential Address	Krishna Chaya, Bld. Bhagwat Plot Akola.				
12.	Local Residential Address	Krishna Chaya, Bld. Bhagwat Plot Akola.				
13.	State Board / Council Registration details	Registration Number	37788			
		Name of State Board	Maharashtra Council of Homoeopathy			
14.	Mobile Number	9420838593				
		Email ID	harshalata2010@gmail.com			
15.	Name of the Principal of college	Dr. Sanjaykumar U. Tiwari				

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

Date:
Place : Akola

**SIGNED
BEFORE ME**

Harshalata
Signature of Deponent/ Teacher

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

Date:
Place: Akola

Dr. Harshalata S. KOLE

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

Harshalata
(Signature of Deponent after attestation)



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

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

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



Affidavit



I Dr. Milind Gadre, aged 61 Years, S/o Bhargawa Gadre Joined in this Homoeopathic Medical College, Akot Road, 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 BHARGAWA GADRE				
2.	Teacher's code					
3.	Date of Birth	06-08-1961				
4.	UG Qualification	Name of Degree	DHMS			
		Passing Year	1982			
		University	MCH Mumbai			
5.	PG Qualification	Name of Subject	--			
		Passing Year	--			
		University	--			
6.	Additional qualification P.G.Diploma/Ph.D	Subject	--			
		Passing Year	--			
		University	--			
7.	Post wise details of Experience in chronological order from the date of initial appointment	Duration		Department (Subject)	Designation	Name of the college
		From date	To date			
		01/07/1983	30/06/1986	Pharmacy	Demonstrator	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. Pharmacy				
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 details	Registration Number	9635			
		Name of State Board	Maharashtra Council of Homoeopathy			
14.	Mobile Number	9422193736				
	Email ID	milindgadre61@gmail.com				
15.	Name of the Principal of college	Dr. Sanjaykumar U. Tiwari				

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

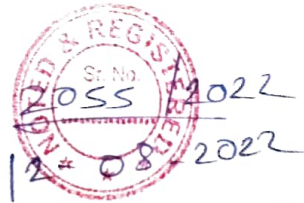
Date:
Place : Akola

**SIGNED
BEFORE ME**

[Signature]
Signature of Deponent/ Teacher

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

Date:
Place: Akola



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

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

Adv. Mayur Y. Agrawal
NOTARY
GOVT. OF INDIA - Reg.No.15513
Behind Vitthal Mandir, Old City, AKOLA
Dist.AKOLA (M)

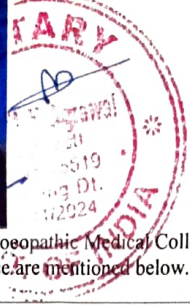
[Signature]
Dr. Milind B. Gadre
I swear in the name of God solemnly affirm that this is my name and I am Dr. Milind B. Gadre and that the contents of this affidavit are true and correct.
[Signature]
(Signature of Deponent after attestation)



Affidavit



Dr.



I Dr. Priyanka Narayandas Agarwal, aged 32 Years, S/o Narayandas, Joined in this Homoeopathic Medical College, Akot – Road, Akola. On 02/08/2022 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. PRIYANKA NARAYANDAS AGARWAL				
2.	Teacher's code					
3.	Date of Birth	14/12/1989				
4.	UG Qualification	Name of Degree	BHMS			
		Passing Year	2013			
		University	MUHS, Nashik.			
5.	PG Qualification	Name of Subject	M.D. (PEADITRICS)			
		Passing Year	2018			
		University	MUHS, Nashik.			
6.	Additional qualification P.G.Diploma/Ph.D	Subject	--			
		Passing Year	--			
		University	--			
7.	Post wise details of Experience in chronological order from the date of initial appointment	Duration		Department (Subject)	Designa tion	Name of the college
		From date	To date	Pharmacy	Lecturer	HMC, Akot- Road, Akola
		02/08/2022	Onwards			
8.	Presently working Department (Subject)	Pharmacy				
9.	Present Designation	Lecturer				
10.	Nature of present appointment (regular /contract/deputation)	Regular				
11.	Permanent Residential Address	Skylark hotel, Akola				
12.	Local Residential Address	Skylark hotel, Akola				
13.	State Board / Council Registration details	Registration Number	60021			
		Name of State Board	Maharashtra Council of Homoeopathy			
14.	Mobile Number	9881594619				
	Email ID	Priyankaagarwal0724@gmail.com				
15.	Name of the Principal of college	Dr. Sanjaykumar U. Tiwari				

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

Date:
Place : Akola

**SIGNED
BEFORE ME**

Priyanka N. Agarwal

Signature of Deponent/ Teacher

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

Date:
Place: Akola

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

Priyanka
(Signature of Deponent after attestation)

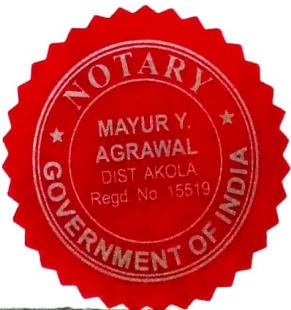


Dr. S. U. Tiwari
Signature of Principal with Stamp

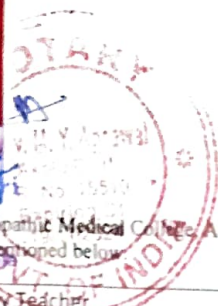
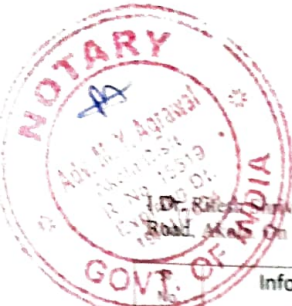
Dr. S. U. Tiwari
Principal
H. M. C.
Akot Road, Akola

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

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



Affidavit



I, Dr. Ritesh Ramesh Shrivastav, aged 45 Years, S/o Ramesh Shrivastav Joined in this Homoeopathic Medical College, Akot - Road, Akola on 08/08/2000 and the detail of my qualification and experience are mentioned below

Information of Teacher		To be filled up by Teacher				
1.	Name of the Teacher	Dr. RITESH RAMESH SHRIVASTAV				
2.	Teacher's code					
3.	Date of Birth	23-04-1977				
4.	UG Qualification	Name of Degree	BHMS			
		Passing Year	1999			
		University	Amravati University, Amravati			
5.	PG Qualification	Name of Subject	--			
		Passing Year	--			
		University	--			
6.	Additional qualification P.G.Diploma/Ph.D	Subject	CCMP			
		Passing Year	2020			
		University	MUHS, NASHIK.			
7.	Post wise details of Experience in chronological order from the date of initial appointment	Duration		Department (Subject)	Designati on	Name of the college
		From date	To date			
		08/08/2000	07/08/2003	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--
08/08/2010	Onwards	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 Chowk Old City, Akola				
12.	Local Residential Address	Shrivastav Chowk Old City, Akola				
13.	State Board / Council Registration details	Registration Number	30998			
		Name of State Board	Maharashtra Council of Homoeopathy			
14.	Mobile Number	9822696979				
		Email ID	ritesh23477@gmail.com			
15.	Name of the Principal of college	Dr. Sanjaykumar U. Tiwari				

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

Date:
Place : Akola

[Signature]

Signature of Deponent/ Teacher

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

Date:
Place: Akola

Dr. Ritesh R. Shrivastav

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

[Signature]

Signature of Deponent after attestation)



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

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

Adv. Mayur Y. Agrawal
NOTARY 18/8/2022
GOVT. OF INDIA - Reg No. 15519
Behind Vitthal Mandir, Old City, AKOLA
Dist. AKOLA (M)



Affidavit



Dr. S. U. Tiwari
Principal
H. M. C.
AKOT ROAD, AKOLA

I Dr. Madhuri Mane, aged 47 Years, S/o Shyamsunder Mane joined in this Homoeopathic Medical College Akot - 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 Teacher				
1.	Name of the Teacher	Dr. MADHURI SHYAMSUNDER MANE				
2.	Teacher's code					
3.	Date of Birth	29-05-1975				
4.	UG Qualification	Name of Degree	BHMS			
		Passing Year	1998			
		University	Nagpur University, Nagpur			
5.	PG Qualification	Name of Subject	--			
		Passing Year	--			
		University	--			
6.	Additional qualification P.G.Diploma/Ph.D	Subject	Heath & Heath Management			
		Passing Year	2012			
		University	Ignau University, Nagpur			
7.	Post wise details of Experience in chronological order from the date of initial appointment Although the teacher is eligible for the post of Professor but she is working on the post of Lecturer	Duration		Department (Subject)	Designati on	Name of the college
		From date	To date			
		23/06/2008	onwards	Pathology	Lecturer	HMC, Akot- Road, Akola
8.	Presently working Department (Subject)	Pathology				
9.	Present Designation	Lecturer				
10.	Nature of present appointment (regular /contract/deputation)	Regular				
11.	Permanent Residential Address	Gaurakshan Road Nisarga Empire, Akola				
12.	Local Residential Address	Gaurakshan Road Nisarga Empire, Akola				
13.	State Board / Council Registration details	Registration Number	30026			
		Name of State Board	Maharashtra Council of Homoeopathy			
14.	Mobile Number	9423127420				
	Email ID	mmane170@gmail.com				
15.	Name of the Principal of college	Dr. Sanjaykumar U. Tiwari				

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

Date:
Place : Akola

**SIGNED
BEFORE ME**

[Signature]
Signature of Deponent/ Teacher

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

Date:
Place: Akola

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

[Signature]
Signature of Deponent after attestation



[Signature]
Signature of Principal with Stamp
Dr. Sanjaykumar U. Tiwari
Principal
H. M. C.
AKOT ROAD, AKOLA

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

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



Affidavit



I 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 mentioned below.

Sr. No.	Information of Teacher	To be filled up by Teacher				
1.	Name of the Teacher	Dr. VAISHALI JAGANNATH DOSE				
2.	Teacher's code					
3.	Date of Birth	30-06-1979				
4.	UG Qualification	Name of Degree	BHMS			
		Passing Year	2002			
		University	Amravati University Amravati			
5.	PG Qualification	Name of Subject	--			
		Passing Year	--			
		University	--			
6.	Additional qualification P.G.Diploma/Ph.D	*Subject	--			
		Passing Year	--			
		University	--			
7.	Post wise details of Experience in chronological order from the date of initial appointment	Duration		Department	Designati	Name of
		From date	To date	(Subject)	on	the college
		02/05/2012	01/05/2019	FMT	Lecturer	HMC, Akot- Road, Akola
		02/05/2019	onwards	FMT	Reader	--do--
8.	Presently working Department (Subject)	Forensic Medicine and Toxicology				
9.	Present Designation	Reader				
10.	Nature of present appointment (regular /contract/deputation)	Regular				
11.	Permanent Residential Address	Near Parvati Sadan, Rautwadi, Akola.				
12.	Local Residential Address	Near Parvati Sadan, Rautwadi, Akola.				
13.	State Board / Council Registration details	Registration Number	36355			
		Name of State Board	Maharashtra Council of Homoeopathy			
14.	Mobile Number	7719057975				
	Email ID	dosevaishu1979@gmail.com				
15.	Name of the Principal of college	Dr. Sanjaykumar U. Tiwari				

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

Date:
Place : Akola

**SIGNED
BEFORE ME**

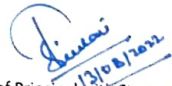

Signature of Deponent/ Teacher

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

Date:
Place: Akola

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




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

(Signature of Deponent after attestation)

**Certified that this document,
Affidavit contains Pages
From 1 to 01 only**

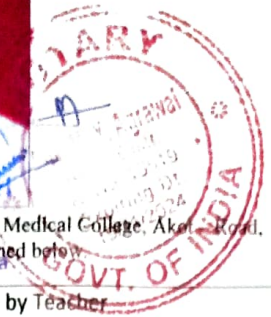
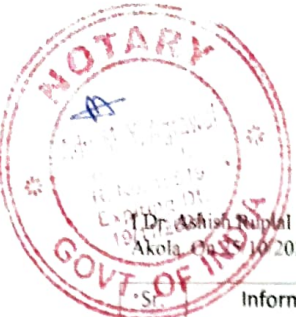
Adv. Mayur Y. Agrawal
NOTARY 13/8/2022
GOVT. OF INDIA - Reg No. 15519
Behind Vitthal Mandir, Old City, AKOLA
Dist. AKOLA (M)



Affidavit



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



I, Dr. Ashish Ruplal Yadav, aged 37 Years, S/o Ruplal Joined in this Homoeopathic Medical College, Akot Road, Akola, On 10/10/2021 and the detail of my qualification and experience are mentioned below

Information of Teacher		To be filled up by Teacher				
No.						
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 Degree	BHMS			
		Passing Year	2008			
		University	MUHS, Nashik.			
5.	PG Qualification	Name of Subject	M.D. (PEDIATRICS)			
		Passing Year	2014			
		University	MUHS, Nashik.			
6.	Additional qualification P.G.Diploma/Ph.D	Subject	--			
		Passing Year	--			
		University	--			
7.	Post wise details of Experience in chronological order from the date of initial appointment	Duration		Department (Subject)	Designa tion	Name of the college
		From date	To date			
		25/10/2021	onwards	FMT	Lecturer	HMC, Akot-Road, Akola
8.	Presently working Department (Subject)	FMT				
9.	Present Designation	Lecturer				
10.	Nature of present annointment (regular /contract/deputation)	Regular				
11.	Permanent Residential Address	Akola.				
12.	Local Residential Address	Akola.				
13.	State Board / Council Registration details	Registration Number	53636			
		Name of State Board	Maharashtra Council of Homoeopathy			
14.	Mobile Number	9372505157				
	Email ID	aryadavmd@gmail.com				
15.	Name of the Principal of college	Dr. Sanjaykumar U. Tiwari				

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

Date:
Place : Akola

(Signature)
Signature of Deponent/ Teacher

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

Date:
Place: Akola

(Signature of Dr. Ashish Ruplal Yadav)
I do swear in the name of God. I solemnly affirm that this is my name and Signature or (Marks) and that the contents of this affidavit are true and correct

(Signature of Deponent after attestation)



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

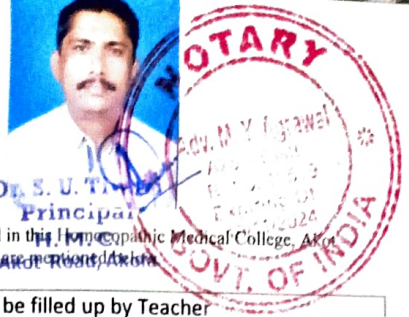


Certified that this document / Affidavit contains Pages From 1 to One only

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



Affidavit



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

Sr. No.	Information of Teacher	To be filled up by Teacher				
1.	Name of the Teacher	Dr. NARENDRAKISHOR KAMALKISHOR SHRIWAS				
2.	Teacher's code					
3.	Date of Birth	25-01-1975				
4.	UG Qualification	Name of Degree	BHMS			
		Passing Year	1997			
		University	Amravati University, Amravati			
5.	PG Qualification	Name of Subject	--			
		Passing Year	--			
		University	--			
6.	Additional qualification P.G. Diploma/Ph.D	Subject	--			
		Passing Year	--			
		University	--			
7.	Post wise details of Experience in chronological order from the date of initial appointment	Duration		Department (Subject)	Designation	Name of the college
		From date	To date			
		01/07/2002	30/06/2005	Surgery	Demonstrator	HMC, Akot-Road, Akola
		01/07/2005	30/06/2009	Surgery	Lecturer	--do--
01/07/2009	onwards	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 Road, Malipura Chowak, Akola				
12.	Local Residential Address	Lakadganj Road, Malipura Chowak, Akola				
13.	State Board / Council Registration details	Registration Number	28871			
		Name of State Board	Maharashtra Council of Homoeopathy			
14.	Mobile Number	9850361790				
	Email ID	dr.narendra.shriwas11@gmail.com				
15.	Name of the Principal of college	Dr. Sanjaykumar U. Tiwari				

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

Date:
Place : Akola

**SIGNED
BEFORE ME**

[Signature]
Signature of Deponent/ Teacher

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

Date:
Place: Akola

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



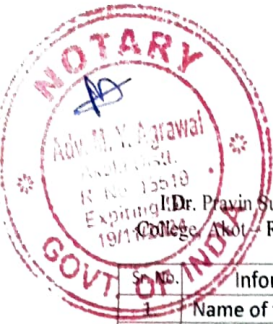
Certified that this document / Affidavit contains Pages From 1 to 01 only

[Signature]
Signature of Principal with Seal
Dr. S. U. Tiwari
Principal
H. M. C.
AKOLA Road, Akola

Adv. Mayur Y. Agrawal
NOTARY 13/8/2022
GOVT. OF INDIA - Reg No 15515
Behind Vitthal Mandir, Old City, AKOLA
Dist. AKOLA (M)



Affidavit



I, Dr. Pravin Sudhirchandra Mahankar, aged 32 Years, S/o Sudhirchandra Jointed in the HBM Homoeopathic Medical College, (Not) - Road, Akola. On 29/07/2022 and the detail of my qualification and experience are mentioned below.

Sr.No.	Information of Teacher	To be filled up by Teacher				
1.	Name of the Teacher	Dr. PRAVIN SUDHIRCHANDRA MAHANKAR				
2.	Teacher's code					
3.	Date of Birth	21-06-1989				
4.	UG Qualification	Name of Degree	BHMS			
		Passing Year	2012			
		University	MUHS, Nashik			
5.	PG Qualification	Name of Subject	MD. (REPATORY)			
		Passing Year	2020			
		University	MUHS, Nashik			
6.	Additional qualification P.G.Diploma/Ph.D	Subject	--			
		Passing Year	--			
		University	--			
7.	Post wise details of Experience in chronological order from the date of initial appointment Although the teacher is eligible for the post of Reader but he is working on the post of Lecturer	Duration		Department (Subject)	Designati on	Name of the college
		From date	To date			
		29/07/2022	Onwards	Surgery	Lecturer	HMC, Akot- Road, Akola
8.	Presently working Department (Subject)	Surgery				
9.	Present Designation	Lecturer				
10.	Nature of present appointment (regular /contract/deputation)	Regular				
11.	Permanent Residential Address	Gajanan Peth, Umri, Akola				
12.	Local Residential Address	Gajanan Peth, Umri, Akola				
13.	State Board / Council Registration details	Registration Number	61162			
		Name of State Board	Maharashtra Council of Homoeopathy			
14.	Mobile Number	7875854857				
	Email ID	drmahankarpravin@gmail.com				
15.	Name of the Principal of college	Dr. Sanjaykumar U. Tiwari				

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

Date:
Place : Akola

Pravin S Mahankar
Signature of Deponent/ Teacher

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

Date:
Place: Akola

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

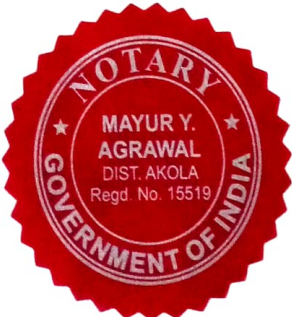


Dr. S. R. Tiwari
Signature of Principal/Principal Stamp
H. M. C.
Akot Road, Akola

Adv. Mayur Y. Agrawal
NOTARY
17/8/22

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

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



Affidavit



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.

Sr. No.	Information of Teacher	To be filled up by Teacher				
1.	Name of the Teacher	Dr. HEMLATA RAMLAL LADDAD				
2.	Teacher's code					
3.	Date of Birth	08-04-1975				
4.	UG Qualification	Name of Degree	BHMS			
		Passing Year	1996			
		University	Amravati University, Amravati.			
5.	PG Qualification	Name of Subject	(MD) HMM			
		Passing Year	2009			
		University	MUHS Nashik.			
6.	Additional qualification P.G.Diploma/Ph.D	Subject	--			
		Passing Year	--			
		University	--			
7.	Post wise details of Experience in chronological order from the date of initial appointment	Duration		Department (Subject)	Designati on	Name of the college
		From date	To date			
		20/02/1998	19/02/2002	Obst&Gynac	Demonst rator	HMC, Akot- Road, Akola
		20/02/2002	19/02/2006	Obst&Gynac	Lecturer	--do--
		20/02/2006	19/02/2009	Obst&Gynac	Reader	--do--
20/02/2009	Onwards	Obst&Gynac	Professor	--do--		
8.	Presently working Department (Subject)	Obst & Gynac				
9.	Present Designation	Professor				
10.	Nature of present appointment (regular /contract/deputation)	Regular				
11.	Permanent Residential Address	"Nisarg Vihar", 001 Laxmi Nagar, Kholshwar, Akola.				
12.	Local Residential Address	"Nisarg Vihar", 001 Laxmi Nagar, Kholshwar, Akola.				
13.	State Board / Council Registration details	Registration Number	28953			
		Name of State Board	Maharashtra Council of Homoeopathy			
14.	Mobile Number	9922560370				
	Email ID	drhemlataladdad@gmail.com				
15.	Name of the Principal of college	Dr. Sanjaykumar U. Tiwari				

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

Date:
Place : Akola

**SIGNED
BEFORE ME**

Hemlata
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. I further affirm that if any information given in this affidavit is found to be incorrect/ false. I have no objection for any disciplinary action against the concerned teacher and myself.

Date:
Place: Akola



Dr. S. U. Tiwari
13/08/2022
Signature of Principal with Stamp
Dr. S. U. Tiwari
Principal
H. M. C.
AKOT Road, Akola

Hemlata Ramlal Laddad
do swear in the name of God. Solemnly affirm that this is my name and Signature or (Marks) and that the contents of this affidavit are true and correct.
Hemlata
(Signature of Deponent after attestation)

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

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



Affidavit



I Dr. Karuna Jagtap, aged 45 Years, S/o Samadhan Jagtap Joined in this Homoeopathic Medical College, Akot – Road, Akola. On 12/06/2012 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. KARUNA SAMADHAN JAGTAP				
2.	Teacher's code					
3.	Date of Birth	27-11-1977				
4.	UG Qualification	Name of Degree	BHMS			
		Passing Year	2001			
		University	Sant Gadge Baba University Amravati			
5.	PG Qualification	Name of Subject	--			
		Passing Year	--			
		University	--			
6.	Additional qualification P.G.Diploma/Ph.D	Subject	--			
		Passing Year	--			
		University	--			
7.	Post wise details of Experience in chronological order from the date of initial appointment	Duration		Department	Designa	Name of
		From date	To date	(Subject)	tion	the college
		12/06/2012	Onwards	Obst&Gynac	Lecturer	HMC, Akot- Road, Akola
8.	Presently working Department (Subject)	Obst&Gynac				
9.	Present Designation	Lecturer				
10.	Nature of present appointment (regular /contract/deputation)	Regular				
11.	Permanent Residential Address	Opp. Deshonnati Press Gorakshan Road, Akola.				
12.	Local Residential Address	Opp. Deshonnati Press Gorakshan Road, Akola.				
13.	State Board / Council Registration details	Registration Number	42478			
		Name of State Board	Maharashtra Council of Homoeopathy			
14.	Mobile Number	9552446436				
	Email ID	karuna.dhoke04@gmail.com				
15.	Name of the Principal of college	Dr. Sanjaykumar U. Tiwari				

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

Date:
Place : Akola

**SIGNED
BEFORE ME**

[Signature]
Signature of Deponent/ Teacher

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

Date: 13/08/2022
Place: Akola
I do swear in the name of God, Solemnly affirm that this is my name and Signature or (marks) and that the contents of this affidavit are true and correct.
[Signature]
(Signature of Deponent after attestation)



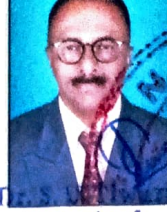
[Signature]
Signature of Principal with Stamp
Dr. S. U. Tiwari
Principal
H. M. C.
AKOT ROAD, AKOLA

Certified that this document /
Affidavit contains Pages
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Adv. Mayur Y. Agrawal
NOTARY PUBLIC
GOVT. OF INDIA - Reg.No. 15519
Behind Vitthal Mandir, Old City, AKOLA
Dist: AKOLA (M)



Affidavit



Principal



I Dr. Tilakraj Sarnayak, aged 59 Years, S/o Govindrao Sarnayak Joined in this Homoeopathic Medical College, Akola Road, Akola. On 01/07/1990 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. TILAKRAJ GOVINDRAO SARNAYAK				
2.	Teacher's code					
3.	Date of Birth	03-05-1963				
4.	UG Qualification	Name of Degree	DHMS			
		Passing Year	Nov. 1988			
		University	MCH. Mumbai			
5.	PG Qualification	Name of Subject	--			
		Passing Year	--			
		University	--			
6.	Additional qualification P.G.Diploma/Ph.D	Subject	--			
		Passing Year	--			
		University	--			
7.	Post wise details of Experience in chronological order from the date of initial appointment	Duration		Department (Subject)	Designation	Name of the college
		From date	To date			
		01/07/1990	30/06/1993	P. Medicine	Demonstrator	HMC, Akot-Road, Akola
		01/07/1993	30/06/1997	P. Medicine	Lecturer	--do--
		01/07/1997	30/06/2000	P. Medicine	Reader	--do--
01/07/2000	Onwards	P. Medicine	Professor	--do--		
8.	Presently working Department (Subject)	Practice of Medicine				
9.	Present Designation	Professor Tgsarnayak@123				
10.	Nature of present appointment (regular /contract/deputation)	Regular				
11.	Permanent Residential Address	'Rajdharma' Behaind Matrabhumi Press, Gavrakshan Road, Akola.				
12.	Local Residential Address	'Rajdharma' Behaind Matrabhumi Press, Gavrakshan Road, Akola.				
13.	State Board / Council Registration details	Registration Number	16935			
		Name of State Board	Maharashtra Council of Homoeopathy			
14.	Mobile Number	9689527977, 8208106165				
	Email ID	drtilakraj63sarnayak@gmail.com				
15.	Name of the Principal of college	Dr. Sanjaykumar U. Tiwari				

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

Date:

Place : Akola

STAMPED
BEFORE ME

Signature of Deponent/ Teacher

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

Date:

Place: Akola

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

Signature of _____ (for attestation)



Certified that this document/
Affidavit contains Pages
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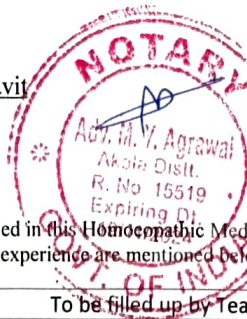
Signature of Principal with Stamp

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

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



Affidavit



Tiwari
H. M. C.
AKOT ROAD, AKOLA

I Dr. Shailesh Jain, aged 55 Years, S/o Kanahaiyalal Jain Joined in this Homoeopathic Medical College, Akola Road, Akola. On 01/08/1991 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. SHAILESH KANAHAIYALAL JAIN				
2.	Teacher's code					
3.	Date of Birth	25-05-1967				
4.	UG Qualification	Name of Degree	BHMS (Graded)			
		Passing Year	1996			
		University	Dr. Babasaheb Ambedkar University, Aurangabad.			
5.	PG Qualification	Name of Subject	M.D. (Repertory)			
		Passing Year	2008			
		University	MUHS Nashik			
6.	Additional qualification P.G.Diploma/Ph.D	Subject	CCMP			
		Passing Year	2019			
		University	MUHS Nashik			
7.	Post wise details of Experience in chronological order from the date of initial appointment	Duration		Department (Subject)	Designati on	Name of the college
		From date	To date			
		01/08/1991	31/07/1994	Medicine	Demosnt rator	HMC, Akot- Road, Akola
		01/08/1994	31/07/1998	Medicine	Lecturer	--do--
		01/08/1998	31/07/2001	Medicine	Reader	--do--
01/08/2001	Onwards	Medicine	Professor	--do--		
8.	Presently working Department (Subject)	Practice of Medicine				
9.	Present Designation	Professor				
10.	Nature of present annointment (regular /contract/deputation)	Regular				
11.	Permanent Residential Address	"Basera" Adarsh Colony, Akola				
12.	Local Residential Address	"Basera" Adarsh Colony, Akola				
13.	State Board / Council Registration details	Registration Number	18423			
		Name of State Board	Maharashtra Council of Homoeopathy			
14.	Mobile Number	9822094257				
	Email ID	drjain26@hotmail.com				
15.	Name of the Principal of college	Dr. Sanjaykumar U. Tiwari				

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

Date:
Place : Akola

SIGNED
BEFORE ME

Signature of Deponent/ Teacher

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

Date:
Place: Akola



Signature of Principal with Stamp

Dr. S. U. Tiwari
Principal
H. M. C.
AKOT ROAD, AKOLA

DR. Shailesh. K. Jain

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

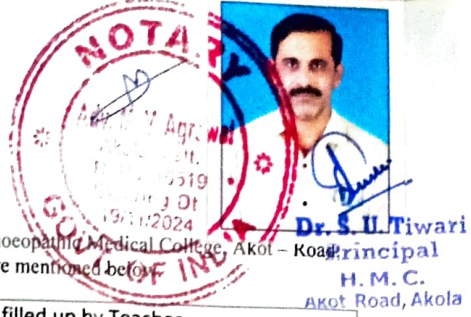
Signature of Deponent after attestation

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

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



Affidavit



I Dr. Suraj Ippar, aged 45 Years, S/o Vishwanath Ippar Joined in this Homoeopathy Medical College, Akot - Koala, Akola. On 01/02/2002 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. SURAJ VISHWANATH IPPAR				
2.	Teacher's code	02526				
3.	Date of Birth	01-07-1977				
4.	UG Qualification	Name of Degree	BHMS			
		Passing Year	2000			
		University	Amravati University			
		Name of Subject	--			
5.	PG Qualification	Passing Year	--			
		University	--			
		Subject	CCMP			
		Passing Year	2020			
6.	Additional qualification P.G.Diploma/Ph.D	University	MUHS NASHIK			
		Duration	Department (Subject)	Designation	Name of the college	
		From date	To date			
7.	Post wise details of Experience in chronological order from the date of initial appointment Although the teacher is eligible for the post of Professor but he is working on the post of Lecturer	01/02/2002	onwards	P. Medicine	Lecturer	HMC, Akot-Road, Akola
8.	Presently working Department (Subject)	Practice of Medicine				
9.	Present Designation	Lecturer				
10.	Nature of present appointment (regular /contract/deputation)	Regular				
11.	Permanent Residential Address	Annapurna Apartment, Renukanagar, Dapki Road, Akola.				
12.	Local Residential Address	Annapurna Apartment, Renukanagar, Dapki Road, Akola.				
13.	State Board / Council Registration details	Registration Number	31366			
		Name of State Board	Maharashtra Council of Homoeopathy			
14.	Mobile Number	9850391955				
	Email ID	drsrajippar@gmail.com				
15.	Name of the Principal of college	Dr. Sanjaykumar U. Tiwari				

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

Date:
Place : Akola

**SIGNED
BEFORE ME**

Signature of Deponent/ Teacher

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

Date:
Place: Akola

DR. S. V. Ippar

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

(Signature of Deponent after attestation)



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

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

Adv. Mayur Y. Agrawal
NOTARY 13-08-2022
GOVT. OF INDIA - Reg.No.15519
Behind Vitthal Mandir, Old City, AKOLA
Dist.AKOLA (M)



Affidavit



I Dr. Jaiprakash Jaiswal, aged 45 Years, S/o Mahabirlal Jaiswal Joined in this Homoeopathic Medical College, Akot Road, Akola. On 01/08/2002 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. JAIPRAKASH MAHABIRLAL JAISWAL				
2.	Teacher's code					
3.	Date of Birth	15/03/1977				
4.	UG Qualification	Name of Degree	BHMS			
		Passing Year	2001			
		University	Sant Gadhegaba Amravati University, Amravati.			
5.	PG Qualification	Name of Subject	Hom. Materia Medica			
		Passing Year	2007			
		University	Babasaheb Ambedkar Marathwada University, Aurangabad.			
6.	Additional qualification P.G.Diploma/Ph.D	Subject	--			
		Passing Year	--			
		University	--			
7.	Post wise details of Experience in chronological order from the date of initial appointment	Duration		Department (Subject)	Designati on	Name of the college
		From date	To date			
		01/08/2002	31/07/2008	HMM	Lecturer	HMC, Akot-Road, Akola
		01/08/2008	31/07/2011	HMM	Reader	--do--
01/08/2011	onwards	HMM	Professor	--do--		
8.	Presently working Department (Subject)	Hom. Materia Medica				
9.	Present Designation	Professor				
10.	Nature of present appointment (regular /contract/deputation)	Regular				
11.	Permanent Residential Address	Opp. Royal Residency, Near Satav Chowk, Jathar peth, Akola.				
12.	Local Residential Address	Opp. Royal Residency, Near Satav Chowk, Jathar peth, Akola.				
13.	State Board / Council Registration details	Registration Number	33615			
		Name of State Board	Maharashtra Council of Homoeopathy			
14.	Mobile Number	8308133071				
	Email ID	jmjhomoeopathy@gmail.com				
15.	Name of the Principal of college	Dr. Sanjaykumar U. Tiwari				

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

Date:

Place : Akola

**SIGNED
BEFORE ME**

Jaiprakash
Signature of Deponent/ Teacher

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

Date:

Place: Akola

Dr. Jaiprakash Malchind Jaiswal
2063 12022
13/08/2022

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Affidavit contains Pages
From 1 to One only.**

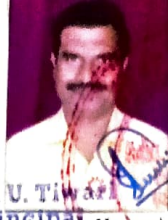
Signature of Principal with Stamp

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

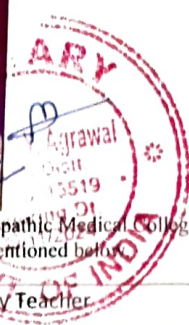
Adv. Mayur Y. Agrawal
NOTARY
13/8/2022
GOVT OF INDIA - Reg No. 15519
Behind Vitthal Mandir, Old City, AKOLA
Dist. AKOLA (M)



Affidavit



Dr. S. U. Tiwari



I Dr. Omprakash Sabu, aged 59 Years, S/o Radhaakishan Sabu joined in this Homoeopathic Medical College, Akot - Road, Akola. On 01/07/1995 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. OMPRAKASH RADHAAKISHAN SABU				
2.	Teacher's code					
3.	Date of Birth	01-04-1963				
4.	UG Qualification	Name of Degree	DHMS			
		Passing Year	1985			
		University	MCH, Mumbai			
5.	PG Qualification	Name of Subject	--			
		Passing Year	--			
		University	--			
6.	Additional qualification P.G.Diploma/Ph.D	Subject	--			
		Passing Year	--			
		University	--			
7.	Post wise details of Experience in chronological order from the date of initial appointment	Duration		Department (Subject)	Designation	Name of the college
		From date	To date			
		01/07/1995	30/06/1998	HMM	Demonstrator	HMC, Akot-Road, Akola
		01/07/1998	30/06/2002	HMM	Lecturer	--do--
01/07/2002	Onwards	HMM	Reader	--do--		
8.	Presently working Department (Subject)	Hom. Materia Medica				
9.	Present Designation	Reader				
10.	Nature of present appointment (regular /contract/deputation)	Regular				
11.	Permanent Residential Address	Madhav Nagar Gurakshan Road, Akola.				
12.	Local Residential Address	Madhav Nagar Gurakshan Road, Akola.				
13.	State Board / Council Registration details	Registration Number	14021			
		Name of State Board	Maharashtra Council of Homoeopathy			
14.	Mobile Number	9822067968				
	Email ID	orsaboo333@gmail.com				
15.	Name of the Principal of college	Dr. Sanjaykumar U. Tiwari				

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

Date:
Place : Akola

**SIGNED
BEFORE ME**

Dr. S. U. Tiwari
Signature of Deponent/ Teacher

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

Date: 01/08/2022
Place: Akola

Omprakash R. Sabu
do swear in the name of God Solemnly
Affirm that this is my name and Signature
or (Marks) and that the contents of this
affidavit are true and correct
Omprakash R. Sabu
(Signature of Deponent after attestation)



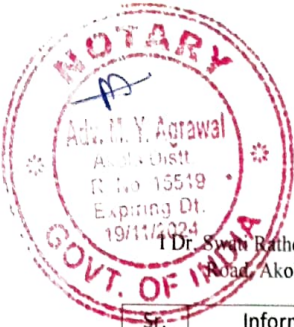
Dr. S. U. Tiwari
Signature of Principal with Stamp
Dr. S. U. Tiwari
Principal
H. M. C.
Akot Road, Akola

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Affidavit contains Pages
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Adv. Mayur Y. Agrawal
NOTARY
13/8/2022
GOVT. OF INDIA - Reg No. 15519
Behind Vitthal Mandir, Old City, AKOLA
Dist. AKOLA (M)



Affidavit



I Dr. Swati Rathod, aged 35 Years, S/o Babusingh Rathod Joined in this Homoeopathic Medical College, Akola Road, Akola. On 24/02/2019 and the detail of my qualification and experience are mentioned below.

Sr. No.	Information of Teacher	To be filled up by Teacher				
1.	Name of the Teacher	Dr. SWATI BABUSINGH RATHOD				
2.	Teacher's code					
3.	Date of Birth	24/10/1987				
4.	UG Qualification	Name of Degree	BHMS			
		Passing Year	2012			
		University	MUHS, Nashik.			
5.	PG Qualification	Name of Subject	M.D. (HMM)			
		Passing Year	2018			
		University	MUHS, Nashik.			
6.	Additional qualification P.G.Diploma/Ph.D	Subject	--			
		Passing Year	--			
		University	--			
7.	Post wise details of Experience in chronological order from the date of initial appointment	Duration		Department (Subject)	Designa tion	Name of the college
		From date	To date			
		24/02/2019	Onwards	HMM	Lecturer	HMC, Akot-Road, Akola
8.	Presently working Department (Subject)	HMM				
9.	Present Designation	Lecturer				
10.	Nature of present appointment (regular /contract/deputation)	Regular				
11.	Permanent Residential Address	Gayatri KunjShegaon Road, Behind Gajanan Temple, Khamgaon.				
12.	Local Residential Address	Gayatri KunjShegaon Road, Behind Gajanan Temple, Khamgaon.				
13.	State Board / Council Registration details	Registration Number	61358			
		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. Sanjaykumar U. Tiwari				

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

Date:

Place : Akola

[Signature]
Signature of Deponent/ Teacher

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

Date:

Place: Akola

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

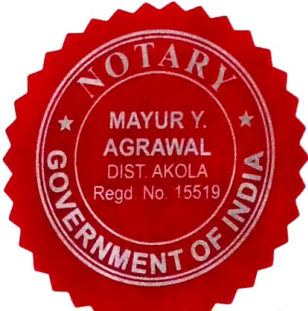


[Signature]
Signature of Principal with Stamp
Principal
H. M. C.
Akot Road, Akola

[Signature]
(Signature of Deponent after attestation)

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

Adv. Mayur Y. Agrawal
NOTARY
22/8/22
GOVT. OF INDIA - Reg.No.15519
Behind Vitthal Mandir, Old City, AKOLA
Dist AKOLA (M)



Affidavit



Dr. Rajendra Chincholkar



I Dr. Rajendra Chincholkar, aged 59 Years, S/o Ramkrishna Chincholkar, residing at this Homoeopathic Medical College, Akola Road, Akola. On 15/08/1986 and the detail of my qualification and experience as mentioned below

Sr. No.	Information of Teacher	To be filled up by Teacher				
1.	Name of the Teacher	Dr. RAJENDRA RAMKRISHNA CHINCHOLKAR				
2.	Teacher's code					
3.	Date of Birth	17-06-1963				
4.	UG Qualification	Name of Degree	DHMS			
		Passing Year	May - 1985			
		University	MCH Mumbai.			
5.	PG Qualification	Name of Subject	--			
		Passing Year	--			
		University	--			
6.	Additional qualification P.G.Diploma/Ph.D	Subject	--			
		Passing Year	--			
		University	--			
7.	Post wise details of Experience in chronological order from the date of initial appointment	Duration		Departmen t (Subject)	Designati on	Name of the college
		From date	To date			
		15/08/1986	14/08/1989	Organon	Demonst rator	HMC, Akot- Road, Akola
		15/08/1989	14/08/1993	Organon	Lecturer	--do--
		15/08/1993	14/08/1996	Organon	Reader	--do--
15/08/1996	onwards	Organon	Professor	--do--		
8.	Presently working Department (Subject)	Organon of Medicine				
9.	Present Designation	Professor				
10.	Nature of present appointment (regular /contract/deputation)	Regular				
11.	Permanent Residential Address	Shrowajni Naidu Marg Ramdaspath, Akola.				
12.	Local Residential Address	Shrowajni Naidu Marg Ramdaspath, Akola.				
13.	State Board / Council Registration details	Registration Number	13325			
		Name of State Board	Maharashtra Council of Homoeopathy			
14.	Mobile Number	9421894693				
	Email ID	chincholkarrajendra@gmail.com				
15.	Name of the Principal of college	Dr. Sanjaykumar U. Tiwari				

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

Date:
Place : Akola

**SIGNED
BEFORE ME**

Rajendra Chincholkar
Signature of Deponent/ Teacher

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

Date:
Place: Akola

Rajendra Ramkrishna Chincholkar



Dr. Sanjaykumar U. Tiwari
Signature of Principal
Principal
H. M. C.
Akola Road, Akola

Rajendra Chincholkar

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



Affidavit



Dr. S. Kalpana Bhise, aged 58 Years, S/o Madhao Bhise Joined in this Homoeopathic Medical College, Akot - Road Akola, On 16/07/1998 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. KALPANA MADHAO BHISE				
2.	Teacher's code					
3.	Date of Birth	07-07-1964				
4.	UG Qualification	Name of Degree	BHMS			
		Passing Year	1994			
		University	Dr. Babasaheb Ambedkar Marathwada, Aurangabad			
5.	PG Qualification	Name of Subject	Organon of Homoeopathy Philosophy			
		Passing Year	2008			
		University	MUHS, Nashik			
6.	Additional qualification P.G.Diploma/Ph.D	Subject	--			
		Passing Year	--			
		University	--			
7.	Post wise details of Experience in chronological order from the date of initial appointment	Duration		Department (Subject)	Designati on	Name of the college
		From date	To date			
		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	Onwards	Organon	Professor	--do--
8.	Presently working Department (Subject)	Organon				
9.	Present Designation	Professor				
10.	Nature of present appointment (regular /contract/deputation)	Regular				
11.	Permanent Residential Address	Opposite Tamne Hospital Kirti Nagar, Akola				
12.	Local Residential Address	Opposite Tamne Hospital Kirti Nagar, Akola				
13.	State Board / Council Registration details	Registration Number	17145			
		Name of State Board	Maharashtra Council of Homoeopathy			
14.	Mobile Number	9422893456				
	Email ID	kalpana.bhise45@gmail.com				
15.	Name of the Principal of college	Dr. Sanjaykumar U. Tiwari				

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

Date: 15/08/2022
Place : Akola

[Signature]

Signature of Deponent/ Teacher

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

Date: *Dr. Kalpana M. Bhise*
Place: Akola

I swear in the name of God, I solemnly affirm that this is my name and Signature (Marks) and that the contents of this affidavit are true and correct

[Signature]
Signature of Deponent after attestation



[Signature]
Signature of Principal with Stamp

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

Adv. Mayur Y. Agrawal
NOTARY 15/8/2022
GOVT. OF INDIA - Reg.No.15519
Behind Vitthal Mandir, Old City, AKOLA
Dist.AKOLA (M)

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



Affidavit



Dr. S. U. Tiwari
Principal
H. M. C.
AKOLA ROAD, AKOLA



I Dr. Satyanand Dharmadhikari, aged 55 Years, S/o Anandrao Dharmadhikari Joined in this Homoeopathic Medical College, Akola - Road, Akola On 16/06/1994 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. SATYANAND ANANDRAO DHARMADHIKARI				
2.	Teacher's code					
3.	Date of Birth	01-07-1967				
4.	UG Qualification	Name of Degree	DHMS			
		Passing Year	1992			
		University	MCH Mumbai			
5.	PG Qualification	Name of Subject	--			
		Passing Year	--			
		University	--			
6.	Additional qualification P.G.Diploma/Ph.D	Subject	--			
		Passing Year	--			
		University	--			
7.	Post wise details of Experience in chronological order from the date of initial appointment	Duration		Department (Subject)	Designati on	Name of the college
		From date	To date			
		16/06/1994	15/06/1997	C. Medicine	Demonst rator	HMC, Akot- Road, Akola
		16/06/1997	15/06/2001	C. Medicine	Lecturer	--do--
		16/06/2001	15/06/2004	C. Medicine	Reader	--do--
16/06/2004	onwards	C. Medicine	Professor	--do--		
8.	Presently working Department (Subject)	Community Medicine				
9.	Present Designation	Professor				
10.	Nature of present appointment (regular /contract/deputation)	Regular				
11.	Permanent Residential Address	Birla Ram Mandir Road Jatharpath, Akola				
12.	Local Residential Address	Birla Ram Mandir Road Jatharpath, Akola				
13.	State Board / Council Registration details	Registration Number	19942			
		Name of State Board	Maharashtra Council of Homoeopathy			
14.	Mobile Number	9822943207				
	Email ID	drsachindharmadhikari@rediffmail.com				
15.	Name of the Principal of college	Dr. Sanjaykumar U. Tiwari				

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

Date:
Place : Akola

**SIGNED
BEFORE ME**

[Signature]
Signature of Deponent/ Teacher

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

Date:
Place: Akola

[Signature]
do swear in the name of God Solemnly
Affirm that this is my name and Signature
or (Marks) and that the contents of this
affidavit are true and correct
[Signature]
(Signature of Deponent after attestation)



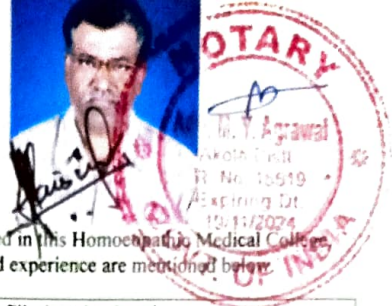
[Signature]
Signature of Principal with Stamp
13/08/22
Dr. S. U. Tiwari
Principal
H. M. C.
Akot Road, Akola

Certified that this document /
Affidavit contains Pages
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Adv. Mayur Y. Agrawal
NOTARY 13/8/2022
GOVT. OF INDIA - Reg No. 15519
Behind Vitthal Mandir, Old City, AKOLA
Dist. AKOLA (M)



Affidavit



I, Dr. Sanjay Kumar Tiwari, aged 60 Years, S/o Uddhaoprasad Tiwari Joined in this Homoeopathic Medical College, Akola - Road, Akola. On 15/08/1986 and the detail of my qualification and experience are mentioned below.

Sl. No.	Information of Teacher	To be filled up by Teacher				
1.	Name of the Teacher	Dr. SANJAYKUMAR UDDHAOPRASAD TIWARI				
2.	Teacher's code					
3.	Date of Birth	21-02-1962				
4.	UG Qualification	Name of Degree	DHMS			
		Passing Year	1985			
		University	MCH Mumbai			
5.	PG Qualification	Name of Subject	Repertory			
		Passing Year	2006-07			
		University	Babasaheb Ambedkar University, Au-bad			
6.	Additional qualification P.G.Diploma/Ph.D	Subject	--			
		Passing Year	--			
		University	--			
7.	Post wise details of Experience in chronological order from the date of initial appointment	Duration		Department (Subject)	Designati on	Name of the college
		From date	To date			
		15/08/1986	14/08/1989	Repertory	Demonst rator	HMC, Akot- Road, Akola
		15/08/1989	14/08/1993	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	"Mangal Bhawan" Jatharpeth, Satav Chowk, Akola.				
12.	Local Residential Address	"Mangal Bhawan" Jatharpeth, Satav Chowk, Akola.				
13.	State Board / Council Registration details	Registration Number	13323			
		Name of State Board	Maharashtra Council of Homoeopathy			
14.	Mobile Number	9921979967				
	Email ID	sanjaykumartiwari1962@gmail.com				
15.	Name of the Principal of college	Dr. Sanjaykumar U. Tiwari				

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

Date:
Place : Akola

**SIGNED
BEFORE ME**

[Signature]
20/8/2022
Signature of Deponent/ Teacher

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

Date:
Place: Akola



[Signature]
Signature of Principal with Stamp
Dr. M. Y. Agrawal
Secretary
H. E. S.
Akot-Road, AKOLA

[Signature]
Dr. Sanjay U. Tiwari
I do swear in the name of God. Solemnly affirm that this is my name and Signature or (Marks) and that the contents of this affidavit are true and correct.
[Signature]
Signature of Deponent after attestation)

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

[Signature]
Adv. Mayur Y. Agrawal
NOTARY 20/8/22
GOVT. OF INDIA - Reg No. 15519
Behind Vitthal Manoir, Old City, AKOLA
Dist. AKOLA (M)





Affidavit



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

Sr. No.	Information of Teacher	To be filled up by Teacher				
1.	Name of the Teacher	Dr. ASMITA ARUN DESHMUKH				
2.	Teacher's code					
3.	Date of Birth	10-10-1980				
4.	UG/PG Qualification	Name of Degree	BHMS (MD)			
		Passing Year	2009			
		University	MUHS Nashik			
5.	PG Qualification	Name of Subject	Repertory			
		Passing Year	2009			
		University	MUHS Nashik			
6.	Additional qualification P.G.Diploma/Ph.D	Subject	--			
		Passing Year	--			
		University	--			
7.	Post wise details of Experience in chronological order from the date of initial appointment	Duration		Department (Subject)	Designati on	Name of the college
		From date	To date			
		28/12/2022	onwards	Repertory	Reader	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 Nagar, Professor colony, Akola.				
13.	State Board / Council Registration details	Registration Number	38232			
		Name of State Board	Maharashtra Council of Homoeopathy			
14.	Mobile Number	7721060060				
	Email ID	drardeshmukh@gmail.com				
15.	Name of the Principal of college	Dr. Sanjaykumar U. Tiwari				

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

Date:
Place : Akola

Signature of Deponent/ Teacher

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

Date:
Place: Akola

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

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

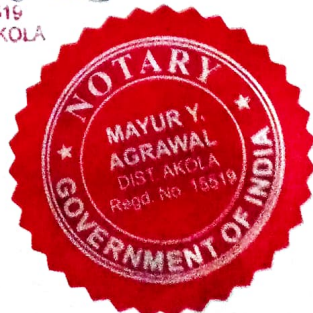
Dr. Asmita Arun Deshmukh



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

Adv. Mayur Y. Agrawal
NOTARY 12-06-2023
GOVT. OF INDIA - Reg.No.15519
Behind Vitthal Mandir, Old City, AKOLA
Dist.AKOLA (M)

Signature of Deponent after attestation)



Affidavit



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

Sr. No.	Information of Teacher	To be filled up by Teacher				
1.	Name of the Teacher	Dr. ASRA RUMANA SYED KAZIMUDDIN				
2.	Teacher's code					
3.	Date of Birth	27/02/1989				
4.	UG Qualification	Name of Degree	BHMS			
		Passing Year	2011			
		University	MUHS, Nashik.			
5.	PG Qualification	Name of Subject	M.D. (Repertory)			
		Passing Year	2017			
		University	MUHS, Nashik.			
6.	Additional qualification P.G.Diploma/Ph.D	Subject	--			
		Passing Year	--			
		University	--			
7.	Post wise details of Experience in chronological order from the date of initial appointment	Duration		Department (Subject)	Designa tion	Name of the college
		From date	To date			
		21/10/2022	onwards	Repertory	Lecturer	HMC, Akot- Road, Akola
8.	Presently working Department (Subject)	Repertory				
9.	Present Designation	Lecturer				
10.	Nature of present appointment (regular /contract/deputation)	Regular				
11.	Permanent Residential Address	Akola.				
12.	Local Residential Address	Akola.				
13.	State Board / Council Registration details	Registration Number	58566			
		Name of State Board	Maharashtra Council of Homoeopathy			
14.	Mobile Number	9922034116				
	Email ID	drasasyed272@gmail.com				
15.	Name of the Principal of college	Dr. Sanjaykumar U. Tiwari				

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

Date:
Place : Akola

Signature of Deponent/ Teacher

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

Date:
Place: Akola

Asra Rumana Syed Kazimuddin

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

Signature of Deponent after attestation



Adv. Mayur Y. Agrawal
NOTARY

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

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

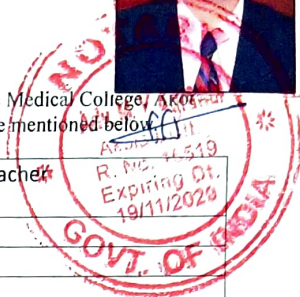
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Affidavit contains Pages
From 1 to 01/01/2023



Affidavit



I Dr. Suyog Sudhir Johrapurkar, aged 39 Years, S/o Sudhir Joined in this Homoeopathic Medical College, Akola Road, Akola. On 06/03/2024 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. SUYOG SUDHIR JOHARAPURKAR			
2.	Teacher's code				
3.	Date of Birth	03/06/1985			
4.	UG Qualification	Name of Degree	BHMS		
		Passing Year	2008		
		University	MUHS, Nashik.		
5.	PG Qualification	Name of Subject	M.D. (ORGANON)		
		Passing Year	2012		
		University	MUHS, Nashik.		
6.	Additional qualification P.G.Diploma/Ph.D	Subject	--		
		Passing Year	--		
		University	--		
7.	Post wise details of Experience in chronological order from the date of initial appointment	Duration	Department (Subject)	Designa tion	Name of the college
		From date 06/03/2024	To date Onwards	Com. Medicine	Lecturer
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	Gorakshan Road, Near Shivraj App, Om Housing Society, Akola.			
13.	State Board / Council Registration details	Registration Number	50000		
		Name of State Board	Maharashtra Council of Homoeopathy		
14.	Mobile Number	9850433352			
	Email ID	suyog555@gmail.com			
15.	Name of the Principal of college	Dr. Sanjaykumar U. Tiwari			

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

Date:
Place : Akola

Suyog Sudhir Johrapurkar
Signature of Deponent/ Teacher

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

Date:
Place: Akola

Dr. Suyog Sudhir Johrapurkar
I swear in the name of God / Solemnly affirm that this is my name and Signature / or (Marks) and that the contents of this affidavit are true and correct
Suyog Sudhir Johrapurkar
(Signature of Deponent after attestation)

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

Adv. Mayur Y. Agrawal
NOTARY 22/02/25
GOVT. OF INDIA - 15519
Infront of Homeguard Office
Vasant Talkies Road, AKOLA (M.S)



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



Affidavit



I Dr. Pratibha Sandip Nirmal, aged 41 Years, S/o Sandip Nirmal Joined in this Homoeopathic Medical College Akola, Akola. On 20/12/2024 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. PRATIBHA SANDIP NIRMAL				
2.	Teacher's code					
3.	Date of Birth	30-07-1987				
4.	UG Qualification	Name of Degree	BHMS			
		Passing Year	2012			
		University	MUHS Nashik.			
5.	PG Qualification	Name of Subject	MD (Repertory)			
		Passing Year	2017			
		University	MUHS Nashik.			
6.	Additional qualification P.G.Diploma/Ph.D	Subject	--			
		Passing Year	--			
		University	--			
7.	Post wise details of Experience in chronological order from the date of initial appointment Although the teacher is eligible for the post of Professor but he is working on the post of Lecturer	Duration		Department (Subject)	Designation	Name of the college
		From date	To date			
		20/12/2024	onwards	Organon of Medicine	Lecturer	HMC, Akot- Road, Akola
8.	Presently working Department (Subject)	Organon of Medicine				
9.	Present Designation	Lecturer				
10.	Nature of present appointment (regular/contract/deputation)	Regular				
11.	Permanent Residential Address	New Khetan Nagar, Kaulkhed, Akola.				
12.	Local Residential Address	New Khetan Nagar, Kaulkhed, Akola.				
13.	State Board / Council Registration details	Registration Number	57012			
		Name of State Board	Maharashtra Council of Homoeopathy			
14.	Mobile Number					
	Email ID					
15.	Name of the Principal of college	Dr. Sanjaykumar U. Tiwari				

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

Date:
Place : Akola

PSW
Signature of Deponent/ Teacher

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

Date:
Place: Akola

Dr. Pratibha Sandip Nirmal
I swear in the name of God / Solemnly affirm that this is my name and Signature / or (Marks) and that the contents of this affidavit are true and correct
PSW

Signature of Deponent after attestation

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

MA
Adv. Mayur Y. Agrawal
NOTARY 22/02/2025
GOVT. OF INDIA - 15519
Infront of Homeguard Office
Masant Talkies Road, AKOLA (M.S.)



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



Affidavit



I Dr. Rajashri Swapnil Idhol, aged 35 Years, S/o Swapnil Idhol Joined in this Homoeopathic Medical College Akola - Road, Akola. On 09/01/2025 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. RAJASHRI SWAPNIL IDHOL				
2.	Teacher's code					
3.	Date of Birth	26-12-1989				
4.	UG Qualification	Name of Degree	BHMS			
		Passing Year	2011			
		University	MUHS Nashik.			
5.	PG Qualification	Name of Subject	MD (Practice of Medicine)			
		Passing Year	2018			
		University	MUHS Nashik.			
6.	Additional qualification P.G.Diploma/Ph.D	Subject	--			
		Passing Year	--			
		University	--			
7.	Post wise details of Experience in chronological order from the date of initial appointment Although the teacher is eligible for the post of Professor but he is working on the post of Lecturer	Duration		Department (Subject)	Designati on	Name of the college
		From date	To date			
		09/01/2025	onwards	Anatomy	Lecturer	HMC, Akot- Road, Akola
8.	Presently working Department (Subject)	Anatomy				
9.	Present Designation	Lecturer				
10.	Nature of present appointment (regular/contract/deputation)	Regular				
11.	Permanent Residential Address	Ranpise Nagar, Dist, Akola.				
12.	Local Residential Address	Ranpise Nagar, Dist, Akola.				
13.	State Board / Council Registration details	Registration Number	59226			
		Name of State Board	Maharashtra Council of Homoeopathy			
14.	Mobile Number	7743992399				
	Email ID	drupalirohankar@gmail.com				
15.	Name of the Principal of college	Dr. Sanjaykumar U. Tiwari				

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

Date:
Place : Akola

Rdhol.

Signature of Deponent/ Teacher

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

Dr. Rajashri Swapnil Idhol

Date:
Place: Akola

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

Rdhol.

Signature of Deponent after attestation

S. J. Tiwari

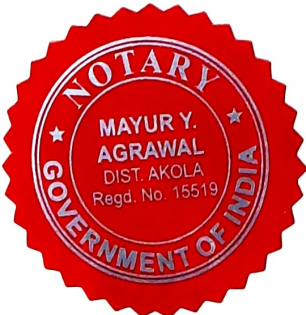
Signature of Principal with Stamp

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

Adv. Mayur Y. Agrawal
NOTARY 22/02/25
GOVT. OF INDIA - 15519
Infront of Homeguard Office
Vasant Talkies Road, AKOLA (M.S)



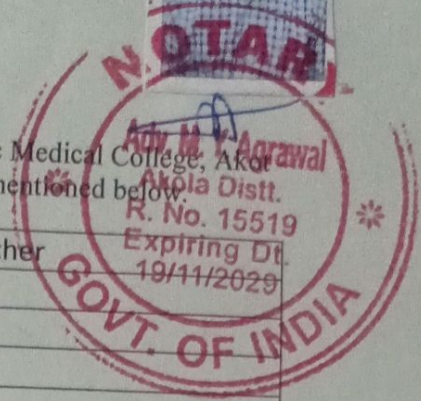
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Affidavit contains Pages
From 1 to only one



Affidavit



I Dr. Pandurang Dhande, aged 57 Years, S/o Tulshiram Dhande Joined in this Homoeopathic Medical College, Akot Road, Akola. On 24/02/2025 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. PANDJIRANG TULSHIRAM DHANDE				
2.	Teacher's code					
3.	Date of Birth	01/02/1968				
4.	UG Qualification	Name of Degree	DHMS			
		Passing Year	1994			
		University	MCH, Mumbai.			
5.	PG Qualification	Name of Subject				
		Passing Year				
		University				
6.	Additional qualification P.G.Diploma/Ph.D	Subject	--			
		Passing Year	--			
		University	--			
7.	Post wise details of Experience in chronological order from the date of initial appointment	Duration		Department (Subject)	Designation	Name of the college
		From date	To date			
		01/11/1997	31/01/2001	HMM	Demonstrator	SJHMC Akola
		01/09/2001	02/11/2004	HMM	Lecturer	SJHMC Akola
		03/11/2004	15/05/2023	HMM	Associate Professor	SJHMC Akola
		16/05/2023	24/02/2025	HMM	Associate Professor	Shraddha HMC Washim
24/02/2025	Onwards	HMM	Associate Professor	HMC, Akot-Road, Akola		
8.	Presently working Department (Subject)	HMM				
9.	Present Designation	Associate Professor				
10.	Nature of present appointment (regular/contract/deputation)	Regular				
11.	Permanent Residential Address	Near Gayatri Mandir Engineers Colony Road, Mothi Umri Akola.				
12.	Local Residential Address	Near Gayatri Mandir Engineers Colony Road, Mothi Umri Akola.				
13.	State Board/Council Registration details	Registration Number	23316			
		Name of State Board	Maharashtra Council of Homoeopathy			
14.	Mobile Number	9850957743				
	Email ID	drdhande68@gmail.com				
15.	Name of the Principal of college	Dr. Sanjaykumar U. Tiwari				

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

Date:
Place : Akola

[Signature]
Signature of Deponent/ Teacher

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

Date:
Place: Akola

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

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

[Signature]
(Signature of Deponent after attestation)

Adv. Mayur Y. Agrawal
NOTARY 03/03/2025
GOVT. OF INDIA - 15519
Infront of Homeguard Office
Sant Talkies Road. AKOLA (M.S)

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

