

AFFIDAVIT
(INR. 200/- NON-JUDICIAL STAMP PAPER)

I, Dr. __S/o, D/o, W/o presently working full-time as _____(mentioned designation) in __ (name and address of the Dental College), solemnly affirm and declare that I am not working in any other institution in any capacity and not in full-time private practice.

I also solemnly affirm and declare as under :-

Date of Birth _____ :

QUALIFICATIONS :

Degree	College of Study	University	Year & Month of Passing	Speciality	Registration No. of UG & PG with date	Name of the State Dental Council
B.D.S.						
M.D.S.						
Any Other						

TEACHING EXPERIENCE

Details of the previous appointments/teaching experience after MDS Qualification only if employed on full-time basis as teaching experience on part-time/visiting basis or on daily wages basis are not acceptable and will not be taken into consideration for determining length of teaching experience :

Position	Name of Institution	From	To	Total Experience Year-Month-Day
Lecturer (Full-time)				
Asstt. Professor /Reader (Full-time)				
Associate Professor (Full-time)				
Professor (Full-time)				
Dean/Principal (Full-time)				

DEPONENT

Date

Before joining present institution I was working at _____ as _____ and relieved on _____ after resigning/retiring.

a. Relieving Order No. & Date :

(Enclose copies of Relieving Order, Experience Certificates, T.D.S. Certificate)

b. Appointment Order No. & Date of the previous appointment :

(Copy attached)

A certified copy of

(a) Appointment letter of the previous institutions,

(b) Resignation to the previous institutions or Relieving letter from the previous institutions are attached.

I am not working in any other medical college/dental college in the State or outside the State in any capacity viz. full-time/part-time.

TDS Deduction yearly for last three years :

S. No.	Financial Year	Total Tax Deducted Yearly
1		
2		
3		

PUBLICATION POINTS

Professor & HOD	/ 40
Professor	/ 40
Reader	/ 20

(A certified copy each of my Form 16 (TDS certificate) for financial years* _ is attached)
*In the case of Professor last three financial years and in the case of Reader last one financial year.

For proof of the residential Address please attach any one of the following documents :- (a) Ration Card (b) Telephone Bill in the name of Deponent (c) Election Card (d) Water Bill in the name of Deponent (e) Proof of Children Education (f) Electricity Bill in the name of Deponent

Phone & Fax Number of Dental College:	
Address of Office Phone No.	
Address of Residence Phone No.	
E-Mail address	
Date of Joining the present Institution	
PAN No.	
AADHAAR CARD	
State Council Registration renewed till current year	
Certified Copy of Bank Statement / Pass Book by the bank (6 months) I.T. Circle :	
DEPONENT	
Full time/Part time	I have been appointed as full-time Professor/Reader/Lecturer at the said college. Appointment Order No. & Date of the present appointment (Copy enclosed)

Salary offered on the U.G.C Pay-Scales	I have been offered UGC Pay-Scales for the above said post by the above College authority.
Letter of Acceptance	I Have accepted the above offer (a copy of the letter acceptance is enclosed
I also solemnly declare that the information furnished herein is true to the best of my knowledge and nothing has been concealed and no statement made therein is false (N.B. Please note that making false statement in the affidavit will attract the relevant provision of the Indian Penal Code etc.,)	
DEPONENT	
Date	
Counter Signature	

This is to certify that the information given by the above deponent is correct and nothing has been concealed therefrom and deponent is working in the _____ (departments) as _____ (Designation) as a full time teacher in out College and is not engaged in full time private practice anywhere. (N.B. Please note that making false statement in the affidavit will attract the relevant provision of the Indian Penal Code etc.,)	
Chairman of the Trust	
Seal with Date	
Principal of the College with seal	

Attestation by Notary Public / Oath Commissioner

CERTIFIED THAT THE DEPONENT

I, Dr. __S/o, D/o, W/o_____ Identified by Shri _____ has solemnly affirmed before me at _____ on _____ at Sl.No. _____ that the contents of the affidavit which have been read and explained to him /her are true and correct to his /her knowledge.

Signature Notary Public / Oath Commissioner

We have verified all the relevant documents and confirmed that information given are true to our knowledge and the above staff member was present during the inspection.