

ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY, UP, LUCKNOW
DECLARATION FORM FOR DENTAL

2 0 2 - 2

FACULTY (DENTAL)

1. Name of Institution..... College Code

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2. Name of Doctor.....
3. Father's/Husband's name.....
4. Date of Birth: D D M M Y Y Y Y

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5. Photo ID issued by PAN /Passport/DCI/ State Council/Driving licence/
Voter ID/Adhar Card.
6. ID no.....
7. Designation: (Tick) Lect. Assist. Prof Assoc. Prof Addl. Prof Prof
8. Department:.....
9. Date of Joining in present Institution:

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10. Category: GEN OBC SC ST PH Ex SERVICEMAN
11. Residential Address:.....
CITY.....PIN.....STATE.....
12. Permanent Address:.....
CITY.....PIN.....STATE.....
13. Telephone Number: Residence: STD.....No.....
14. Telephone Number: Office: STD.....No.....
15. Mobile No.
16. E-mail Address: (in Capital letters).....
- 17. Professional Qualifications:**

Sl .No.	Name of Degree	Subject	Date of Qualifying	DCI/ State Council Registration No.	Institution from where passed	University
1	BDS					
2	MDS					
3	PhD					

18. Any other Degree / Fellowship: (Name, year, Institution):.....
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19. Medical Education Training Course: **Basic** Yes/No **Advanced** Yes/No
 20. Previous appointments:

Sl. No.	Designation	Date of Joining	Date of Relieving	Period	Name of Institution
1	Lecturer				
2	Lecturer				
3	Assist. Professor				
4	Assist. Professor				
5	Assoc. Professor				
6	Addl. Professor				
7	Professor				
8	Professor				

21. Enclosures: (self attested)

S. No	Documents	Submitted/Examined
1	Proof of Date of Birth	Yes/No
2	DCI / UP State Council Registration Certificate of BDS	Yes / No
3	DCI / UP State Council Registration Certificate of all the Postgraduate qualifications	Yes / No
4	Photo ID proof issued by Govt. Authorities : Passport / Driving License / PAN Card / Voter ID / DCI Smart ID Card/State Medical Council ID /National Identity Cards/Adhar Card	Yes / No
5	Caste Certificate	Yes / No
6	Proof of residence : Copy of Passport/Voter Card / Ration Card /Electricity Bill / Driving License	Yes / No
7	Appointment order of the Present Designation / Position	Yes / No
8	Joining report at the present institution	Yes / No
9	Proof of any other Degree / Diploma	Yes / No
10	Proof of experience certificate for all teaching appointments held before joining present institution.	Yes / No
11	Relieving order(s) from all the previous institution(s).	Yes / No
12	Prescription letter (in case of teachers who are practicing)	Yes / No
13	PAN Card	Yes / No
14	Form 16 of last financial Year	Yes / No

21. **Declaration of Faculty**

(i) I, Dr. _____ of the Department of _____ at _____ do hereby give an undertaking that I am continuously working as a full time teacher at the institute.

(ii) I am not practicing anywhere or carrying out any other activity OR I am practicing at _____ in the city of _____ and my hours of practice are _____.

(iii) It is declared that each statement and/or contents of this declaration form by the undersigned are absolutely true, correct and authentic. In the event of any statement made in this declaration subsequently turning out to be incorrect or false the undersigned is liable for necessary disciplinary action (including removal of my name from Indian Medical Register).

(iv) I am having PAN Card and my PAN card number is _____ / I am not having PAN Card.

Date:.....
Place:.....

SIGNATURE OF THE FACULTY

Endorsement by Head Of Institution

This endorsement is the certification that the undersigned has satisfied himself/ herself about the correctness and veracity of each content of this declaration. I have verified the certificates/ documents submitted by the candidate to the institute.

Date:.....
Place:.....

Countersigned & Seal of the HEAD of the Department

Countersigned and seal of the Director/Dean/Principal

Date of Assessment:.....

Signature of the University Assessors:

Name of College/Institution:.....

Name of Department:-----

Faculty/Resident Attendance Sheet:

Sr.No.	Name Of Docters	Designation	Contact No.	Signature
1-				
2-				
3-				
4-				
5-				

Note: Above Attendance sheet to be verified by inspection authority at the time of inspection.

Name & Signature
of
Principal