

AFFIDAVIT

(on 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 Indian Medicine & Homoeopathy 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 : _____

Photograph

QUALIFICATIONS :

Degree	College of Study	University	Year & Month of Passing	Speciality	Registration No. of UG & PG with date	Name of the Council
B.H.M.S. B.S.M.S. B.A.M.S. B.N.Y.S. B.U.M.S.						
MD(S) MD(A) MD(H)						
Any Other						

TEACHING EXPERIENCE

Details of the previous appointments/teaching experience after P.G. Degree 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
Professor (Full-time)				
Asst. Professor (Full-time)				

Reader (Full-time)				
Lecturer (Full-time)				

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Asst. Lecturer (Full-time)				
Tutor (Full-time) Demonstrator				

**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.

- 1) I am not working in any other Indian Medicine & Homoeopathy college in the State or outside the State in any capacity viz. full-time/part-time.
- 2) TDS Deduction yearly for last three years :

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

(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 others 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 Indian
Medicine & Homoeopathy College
:

Address of Office :

Phone No. :

Address of Residence :

Phone No. :

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E-Mail address :

Date of Joining the present
Institution :

PAN No.

I.T. Circle :

**DEPONENT
Date**

Full time/Part time : I have been appointed as full-time Professor/Asst.
Professor/Lecturer at the said college.

**Appointment Order No. & Date
of the present appointment :**
(Copy attached)

Salary offered on the : I have been offered UGC Pay-Scales for the above-
U.G.C. Pay-scales said post by the above college authority

Letter of Acceptance : I have accepted the above offer (a copy of the letter of
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 _____ (department) as _____ (designation) as a full-time teacher in our college and is not engaged in full-time or part-time employment anywhere.

[N.B. Please note that making false statement in the affidavit will attract the relevant provision of the Indian Penal Code etc.]

Principal of the College with seal

**Chairman of the Trust
Seal with Date**

Attestation by Notary Public/Oath Commissioner

CERTIFIED THAT THE DEPONENT

DI:
S/o, W/o, D/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.

THE TAMIL NADU DR.M.G.R. MEDICAL UNIVERSITY, CHENNAI
No.69,ANNA SALAI,GUINDY,CHENNAI - 600 032.
Web site : www.tnmmu.ac.in

Dr. SARAMMA MINIJACOB M.D.,
REGISTRAR (FAC)

PHONE: 22353572

Affin I (3)/21937/2012

Dated: -07- 2012.

To

The Principal of
all Affiliated Indian Medicine & Homoeopathy Institutions

Sir/Madam,

Sub:	Guidelines for issuing NOC for relieving of faculty from the affiliated Indian Medicine & Homoeopathy Institutions- to obtain the Affidavit instead of Form-B from the Teaching Faculties - Reg.
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I wish to inform that the University has decided to implement the following guidelines to all affiliated Indian Medicine & Homoeopathy Institutions in respect of teaching faculties.

- I. Each faculty will have to serve a minimum period of one year (12 months) in a Indian Medicine & Homoeopathy college and no period less than this would be counted as teaching experience.
- II. Faculty cannot be accepted if he/she has been shown in more than one Indian Medicine & Homoeopathy college in one academic year.
- III. Relieving order after completion of minimum 12 months in a particular college is to be issued by the concerned Indian Medicine & Homoeopathy colleges only. In case any dispute the teaching faculty may take up the matter with the management of the Indian Medicine & Homoeopathy college, concerned University and State Government.
- IV. The Indian Medicine & Homoeopathy faculties of all the affiliated Indian Medicine & Homoeopathy Colleges have to furnish their affidavits in the enclosed format on Rs.20/- Non-Judicial Stamp Paper along with all documentary evidences supporting the details furnished therein. The affidavit to be countersigned by the Principal of the concerned institution and attested by the Notary Public. The Principal of Institution is responsible for all the information furnished in the affidavit by the concerned faculty.

Hence I request all the Indian Medicine & Homoeopathy Institutions to adhere the said guidelines without any deviation and to submit the said affidavit instead of Form B, hereafter.

Yours faithfully,

AR

REGISTRAR(FAC)

Copy to :