

महाराष्ट्र MAHARASHTRA

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जा.पत्र-२ ५०

दस्ताचा प्रकार/अनुच्छेद क्रमांक
दस्त नोंदणी करार आहेत का ?
नोंदणी होणार असल्यास दुय्यम निबंधक कार्यालयाचे नांव.....
मिळकतीचे वर्णन मोबदला रक्कम
मुद्रांक विकत घेणाऱ्याचे नांव संतोष विठ्ठलराय बोणे
दुसऱ्या पक्षकाराचे नांव
हस्ते असल्यास त्याचे नांव व पत्ता
मुद्रांक शुल्क रक्कम 500
मुद्रांक दस्त नोंद वही अनुक्रम 19793 दिनांक 02.01.2025 मारवेल ता. देगलूर

Treasury Office Nanded

16 DEC 2024

Stamp Head Clerk
NANDED

श्री. उषा शिर्मा
घरवाना धारक मुद्रांक विक्रेत्याची
सही व घरवाना क्रमांक ३४०१०२०
नांव- सौ. यु. अर. शर्मा, न्यायालय जवळ, नांदेड

मुद्रांक विकत
घेणाऱ्याची सही

Annexure XV

DECLARATION

(To be prepared on a Stamp Paper Rs.500)



I, the Principal of the Dr. Dharmpal Trimbakrao Patil, Saraswati Bahuuddeshiya Sevabhavi Sanstha Gojegaon Mauli Ayurvedic College & Hospital Markhel Tq. Degloor Dist. Nanded solemnly states on affirmation that the information provided by me in Inspection Format as well as uploaded on College Website along with all Annexures is true and Correct to the best of my knowledge. The said information is provided to me by the concerned teachers and duly verified by me. It is further submitted the teacher's information attached in respective Annexure- III & IV are not working in / at any other College Institute or presented themselves at any inspection for the Academic Year 2025-2026, as per my knowledge and information provided by the concerned

teachers. The teachers in the Annexure-IX & XIII are staying in the same city / town / village where the College / Institute is situated or adjacent to the city / town / village, where the College/Institute is situated and having the valid proof of residence of the said city / town / village.

The teachers in the Annexure- VI & XII are not practicing in College working hours of outside the City where the College /Institute is situated. I am further hereby declare that every information or contents in this Inspection Format is based on the information provided by the concerned teachers and endorsed by me after due verification and the same is/are absolutely true and correct. If at any stage it is revealed that any information or content given in this declaration is not true and correct, in such event the undersigned/ the concerned teacher as the case may be, shall be liable for disciplinary action or penal action or Affiliation of the College shall be withdrawal, as the case may be.

This declaration is voluntarily signed by me on 12 day of 02 at 2025 Markhel

Date: 12/02/2025

Place: Markhel

12 FEB 2025

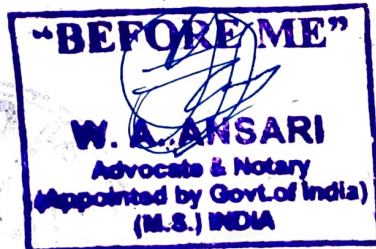
Principal

Mauli Ayurvedic College & Hospital

Markhel, Tq. Degloor Dist. Nanded.

Signature of Dean/Principal

Name of the Signature



12 FEB 2025

(With Seal of the College / Institute)

