



महाराष्ट्र MAHARASHTRA

2022



ANNEXURE- X

DECLARATION

I, the Principal of the **DHANVANTARI HOMOEOPATHIC MEDICAL COLLEGE & HOSPITAL, NASHIK College** / Institute 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 teachers information attached in respective Annexure-**VI** are not working in / at any other College /Institute or presented themselves at any inspection for the Academic Year **2022 - 2023** as per my knowledge and information provided by the concerned teachers. The teachers in the **Annexure- VI** 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** are not practicing in College working hours or out-side the City where the College / Institute is situated.

फक्त प्रतिज्ञापत्रासाठी (अनुच्छेद - ४)

प्रतिज्ञापत्र कोणाकडे सादर करावयाचे	:	HEALTHY SURVIVAL SURVIVAL, NASHIK
प्रतिज्ञापत्रासाठीचे कारण	:	डिस्कॉन्टिनेन्स
मुद्रांक विकत घेणा-याचे नांव व रहिवाशी पत्ता	:	DHANVANTARI HOMOEOPATHIC MEDICAL COLLEGE KAMATWADE, CIDCO, NASHIK
मुद्रांक विक्री नोंद वही अनु. क्र. : 350	:	दिनांक: - 6 MAY 2022 रु. १००/- पैकी रु. १००/-
मुद्रांक विकत घेणा-याची सही	:	अंगुला हिरे
परवानाधारक मुद्रांक विक्रेत्याची सही	:	Dr. Sangeeta
मुद्रांक विक्रेत्याचे नांव : श्री. उदय डी. देशपांडे.	परवाना क्रमांक : ०३/१९९६	विक्रीचे ठिकाण : एन-४३/जे-डी-१-७-६, पवन नगर, सिडको, नाशिक.
ज्या कारणासाठी ज्यांनी मुद्रांक खरेदी केला, त्यांनी त्याच कारणासाठी मुद्रांक खरेदी केल्या पासून ०६ महिन्यात वापरणे बंधनकारक आहे.		

I 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 **Tuesday** day of **10/05/2022** at **Nashik**.

Date : 10/05/2022

Place : NASHIK



Signature of Principal

Name of the Signatory- **Dr. Sangeeta Abhay Patil**
(with Seal of the College / Institute)

PRINCIPAL
DHANVANTARI HOMOEOPATHIC
MEDICAL COLLEGE & HOSPITAL
NASHIK