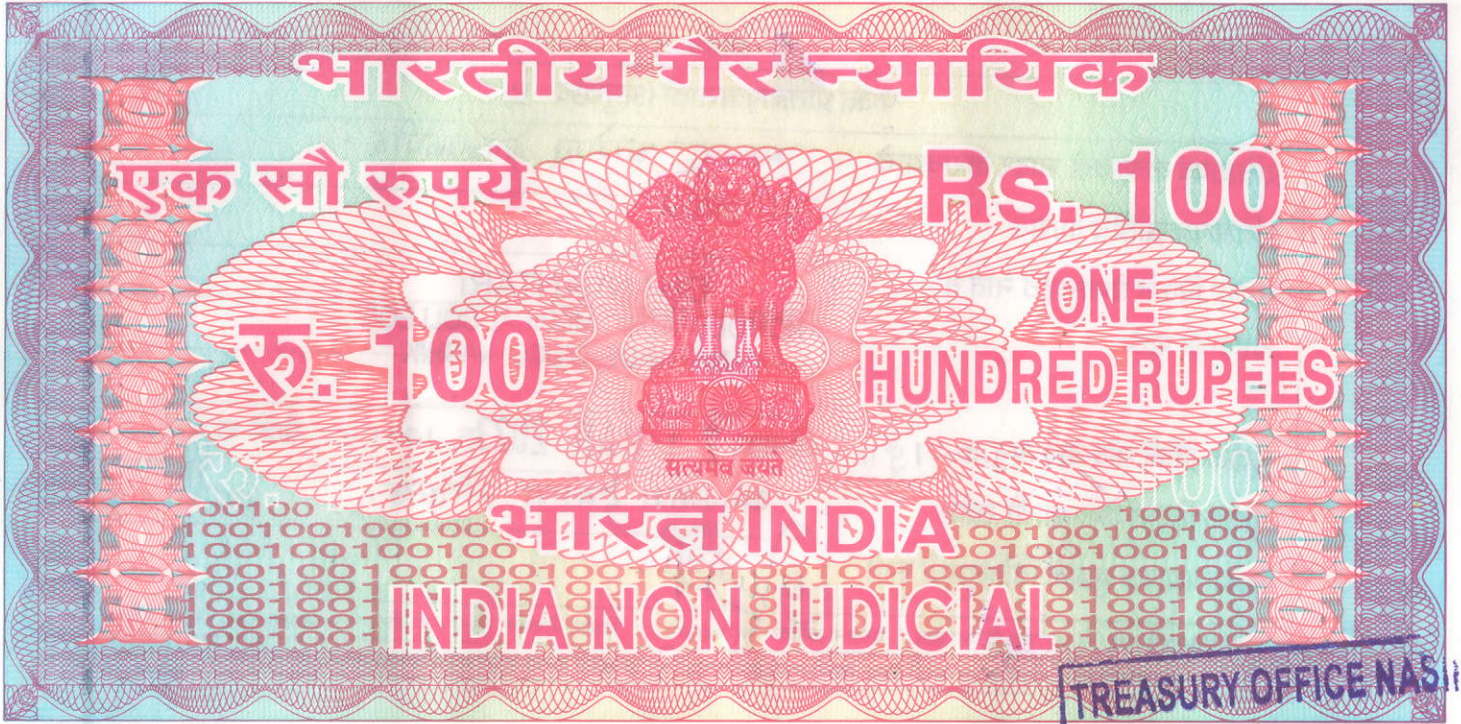


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महाराष्ट्र MAHARASHTRA

2022

TREASURY OFFICE NASHIK

40AA 333491

13 MAR 2023

ANNEXURE XIII ATC

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 **2023-2024**, 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.

UDAY B. SHINDE
ADVOCATE & NOTARY
A-216, Meghdoot Shopping Centre
C.B.S., NASHIK.



जोडपत्र - १


फक्त प्रतिज्ञापत्रासाठी (अनुच्छेद - ४)

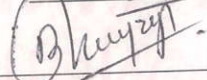
प्रतिज्ञापत्र कोणाकडे सादर करावयाचे : महाराष्ट्र आरोग्य विज्ञानपीठ.

प्रतिज्ञापत्रासाठीचे कारण : प्रतिज्ञापत्र

मुद्रांक विकत घेणा-याचे नांव व
रहिवाशी पत्ता : DHANVANTARI
HOMOEOPATHIC MEDICAL COLLEGE
KAMATWADE, CIDCO, NASHIK

मुद्रांक विक्री नोंद वही अनु.क्र.: 1911 दिनांक: 21 MAR 2023 रु. 1001 - पैकी रु. -

मुद्रांक विकत घेणा-याची सही : बाळनाथ देवराम मोळकट. 

परवानाधारक मुद्रांक विक्रेत्याची सही 

मुद्रांक विक्रेत्याचे नांव: श्री. बाळनाथ पी. जगजाप. परवाना क्रमांक: १०७/२००२ विक्रीचे ठिकाण: एन-४२/व्ही-डी-१-९-२, सावता 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.

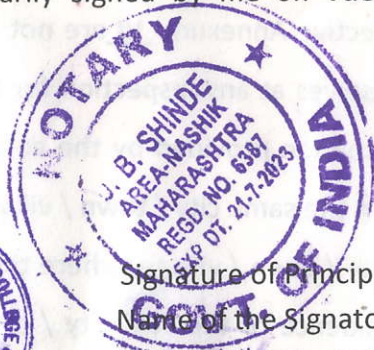
This declaration is voluntarily signed by me on Tuesday day of 21/03/2023 at

Nashik.


IDENTIFIED & EXPLAINED BY

Date : 21/03/2023

Place : Nashik



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


21-3-2023.

PRINCIPAL
DHANVANTARI HOMOEOPATHIC
MEDICAL COLLEGE & HOSPITAL
NASHIK

BEFORE ME

21 MAR 2023
UDAY B. SHINDE
ADVOCATE & NOTARY
4-21, Meghdoot Shopping Centre
C.G.S., NASHIK

NOTARY
NOTED & REGISTERED
at Serial No. 1133
Date 21 MAR 2023
THIS DOCUMENT
Contains pages 02

