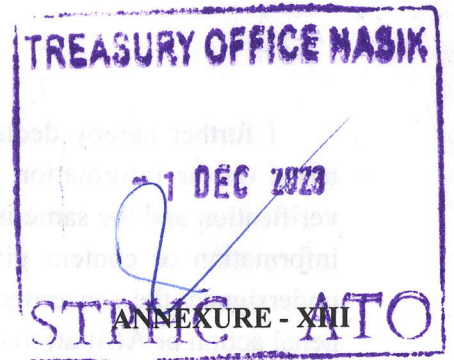




महाराष्ट्र MAHARASHTRA

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DECLARATION

I, the Principal of the **Dhanvantari Homoeopathic Medical College and Hospital & Research Centre, Nashik** College / Institute solemnly states on affirmation, that the information provided by me in Inspection Format as well as uploaded on College Website alongwith 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 **2024-2025**, 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)

सदरचे मुद्रांक हे साठेखत, करारनामा, विसारपावती, भागिदारी पत्र, उसनवार पावती या कारणासाठी वापरता येणार नाही.

प्रतिज्ञापत्रा कोणाकडे सादर करावयाचे :- ----- महाराष्ट्र आरोग्य विज्ञान विद्यापिठ म्हसूरूळ -----

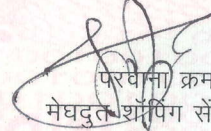
प्रतिज्ञापत्रासाठीचे कारण : ----- अंडरटेकींग -----

मुद्रांक विकत घेणाऱ्याचे नांव व रहिवासी पत्ता : ----- धन्वंतरी होमिओपॅथिक मेडीकल कॉलेज अँड हॉस्पिटल -----

----- नासिक -----

मुद्रांक विक्री बाबतची नोंद वही अनु.क्रमांक व दिनांक : १३.१२.२०२३/२३६८५

मुद्रांक विकत घेणाऱ्याची सही :



परघटना क्रमांक -८७/१९५/२६
मेघदुत शोपिंग सेंटर, सी.बी.एस.नाशिक

ज्या कारणासाठी मुद्रांक खरेदी केला त्यांनी त्याच कारणासाठी मुद्रांक खरेदी केल्यापासून सहा 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 **Saturday** day of **30/12/2023** at **Nashik**.

Date : 30/12/2023

Place : Nashik



Signature of Principal

Name of the Signatory- **Dr. Umesh B. Nagarkar**

(with Seal of the College / Institute)

PRINCIPAL
Dhanvantari Homoeopathic Medical College
and Hospital & Research Centre,
Nashik