



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 (a) are not working in / at any other College /Institute or presented themselves at any inspection for the Academic Year 2026-2027, as per my knowledge and information provided by the concerned teachers. The teachers in the Annexure-VI (a) 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 (a) 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 : २८.१.२०२६. नाशिक.

प्रतिज्ञापत्रासाठीचे कारण

जिंदगी

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

मुद्रांक विक्री नोंद वही अनु.क्र.: २८२८

दिनांक: २३ JAN 2026 रु. १५०/- पैकी रु. —

मुद्रांक विकत घेणा-याची सही

वात्ताची सोकल - ऑफ

परवानाधारक मुद्रांक विक्रेत्याची सही

१५०/-

मुद्रांक विक्रेत्याचे नांव : श्री. बालनाथ पो. जगज्ञाप. परवाना क्रमांक : १०७/२००२ विक्रीचे ठिकाण : एन-४२/लही-डी-१-३-२, 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 Thursday day of 29/01/2026 at Nashik.

Date : 29/01/2026

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

