

DECLARATION

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

I, the Dean / Director/ Principal of the 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 Annexure is true and correct to my knowledge & Belief. 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- & are not working in / at any other College /Institute or presented themselves at any inspection for the Academic Year 20.....-20....., as per my knowledge and information provided by the concerned teachers. The teachers in the Annexure- & 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- & are not practicing in College working hours or out-side the City where the College /Institute is situated.

Infrastructure Required as per MSR and Indian Nursing Council Norms is available and we have own building for Nursing Institute or Required Specified Constructed Area as per Norms Laid by Authorities for College and Hostel as per Intake capacity and further No Other Nursing Colleges Running in Same campus or In Same Building

I am further hereby declaring 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.....day of20.....at.....

Date :

Place:

Signature of Dean/Principal Name
of the Signatory-

(With Seal of the College/Institute)

Date:

Serial No.

Date

1 JAN 2024

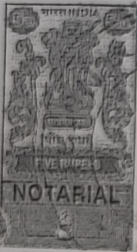
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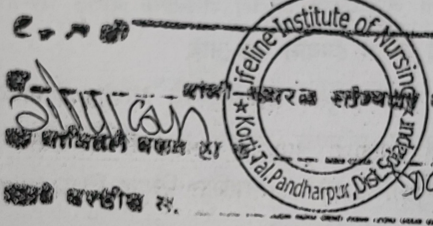
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महाराष्ट्र अधिलेखी, पंढरपूर



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महाराष्ट्र अधिलेखी, पंढरपूर
कोड नं. २५०९००९
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हमीपत्र

प्रती

कुलसचिव,

महाराष्ट्र आरोग्य विज्ञान विद्यापीठ

नाशिक - ४२२००४

मी डॉ. सेजम शिवाजीराव दिशमुख (सचिव / अध्यक्ष) वय वर्ष ५४ वर्षराहणार पंढरपूर याद्वारे सत्यप्रतिज्ञेवर कथन करतो की, मी डॉ. सेजम शिवाजीराव दिशमुखऑफिसिंग कोर्टी पंढरपूर या संस्थेचा सचिव / अध्यक्ष असून आमचे महाविद्यालय खाजगी शासन

अनुदानित महाविद्यालय आहे. आमच्या महाविद्यालयामध्ये शासनाच्या परवानगीनेच परंतु विना-अनुदान-तत्वावर

पदव्युत्तर पदवी अभ्यासक्रम सुरु आहे. महाविद्यालयाची आजरोजी पदवी B.Sc.N. पदव्युत्तर पदवी

Jubeda Aji Shaikh
Advocate & Notary