



महाराष्ट्र MAHARASHTRA

2021

ZH 080170



### DECLARATION

I, the Prof. Mrs. Sangeeta M. Satwekar Dean / Director/ Principal of College of Nursing, Wanless Hospital Miraj, 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 & VII 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 & VII 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 & VII are not practicing in College working hours or out-side the City where the College /Institute is situated.



फक्त प्रतिज्ञापनाची (अनुच्छेद-४) Only For Affidavit

प्रतिज्ञापन कोणाकडे सादर करावयाचे-  
(For Submitting to)

प्रतिज्ञापनाची कारणे-  
(Reason for Affidavit)

मुद्रांक विकत घेणाऱ्याचे नांव-  
(Stamp Purchaser's Name)

मुद्रांक विकत घेणाऱ्याचा पत्ता-  
(Stamp Purchaser's Address)

मुद्रांक विक्रीचे मोद घेही अनु. क्रमांक/ दिनांक-  
(Serial No./Date)

मुद्रांक विकत घेणाऱ्याची सही  
(Stamp Purchaser's Sign)

मो. ९७

शमरा

वि. पी. वा. म. हे. व. पाटणकर

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320 - 19 APR 2022

V. J. Magdum

परवानाधारक मुद्रांक विक्रेत्याची सही-

मुद्रांक विक्रेत्याचे नांव- प्रभाकर धो. पाटणकर

अधिकृत परवाना क्रमांक. २४०६०५५

मुद्रांक विक्रीचे ठिकाण- तसिलदार आवार, मिरज

(ज्या कारणासाठी ज्यांनी मुद्रांक घेतले तेना आहे त्यांनी त्याच कारणासाठी  
मुद्रांक घेतलेल्याबाबत ६ महिन्यांचे आत वापरणे बंधनकारक आहे.)

by adp

I am 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 01. day of **August - 2022** at Miraj.

Date : ...01/08/2022.

Place : Mirja



Satwekar

Signature of Dean/Principal

Name of the Signatory- Prof. Mrs.Sangeeta M. Satwekar

(with Seal of the College / Institute)

Principal  
College of Nursing  
Wanless Hospital  
M. M. C. Miraj