



महाराष्ट्र MAHARASHTRA

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51AA 719250



ANNEXURE- XIII

DECLARATION

I, the Dean-/ Director/ Principal of the Prof. Mrs. Sangeeta M. Satwekar, 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.... & VII 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

विक्रेत्याची माली - 9
 विक्रेत्याचे नांव - उपरोक्त शहर नाव
 अधिष्ठाता परवाना क्रमांक - 2806069
 विक्रम विधीचे ठिकाण - तहसिल कार्यालय आंधार, मिरज
 (ज्या कारभाराची जमाना पुढील खरेदी केला आहे त्याची किंमत कारणासाठी
 मुद्राक खरेदी केल्यामुळे 6 महिन्यांचे आत कायदा बंधनकारक आहे)

दस्त्याचा प्रकार/ अनुच्छेद क्रमांक -
 (Nature of Document Article No.) *any*
 दस्त नोंदणी करणार असतो का ?
 (Whether it is to be Registered)
 नोंदणी होणार असल्यास मुद्रम विभाग सर्वेक्षणे नांव -
 (If Registrable Name of S.R.O.)
 मालकीचे वर्णन -
 (Property Description in brief)
 मोबदला रक्कम -
 (Consideration Amount)
 मुद्राक विकत घेणाऱ्याचे नाव -
 (Stamp Purchaser's Name) *सुप्रिया - मरिषा साहने*
 दुसऱ्या पक्षकाराचे नाव -
 (Name of Other Party) *---*
 दस्त अलगत्यात लक्षात घ्यावे व घरा -
 (If through other person then Name & Address) *Any n n n n*
 मुद्राक शुल्क रक्कम -
 (Stamp Duty Amount) *100*
 मुद्राक विक्री नांव पत्रा अनु. क्र. / दि. - *25 JUL 2023.*
 (Serial No./Date) *5065*
 मुद्राक विकत घेणाऱ्याची स्वाक्षरी
 (Stamp Purchaser's Sign) *V. J. Jangam*



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.

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 04/08/2023 day of August at.....10.am

Date : 04/08/2023

Place : MIRAJ.....



Satwekar

Signature of Dean/Principal

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

(Seal of the College / Institute)

Principai
College of Nursing
Wanless Hospital
M.M.C: Miraj