



महाराष्ट्र MAHARASHTRA

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CX 445615

दस्तावा प्रकार - प्रतिज्ञापत्र/कर्ज

मुद्रांक विक्रेता/घेणाऱ्याचे नाव

दुसऱ्या पक्षकाराचे नाव :-

हस्तो अन्वयता त्याचे नाव व पत्ता :-

मु.वि.नोंदणी क्र. :-

Handwritten signatures and dates:
31 JAN 2025
30 JAN 2025



एस. एस. गांधी, (मुद्रांक विक्रेता) रिकव्हिअर गाडको, तारकपूर, सावेडी, अ. नगर
परवाना क्र. लायसन्स नं. २/९७/२००९-१९/९७
ज्या कारणाने मुद्रांक खरेदी केला त्याच कारणासाठी
मुद्रांक खरेदी केल्यापासून सहा (६) महिन्यात वापरणे बंधनकारक आहे.

S. Charude

ANNEXURE-XVI

DECLARATION

I, the Principal of the Parvatibai Mhaske Institute of Nursing, Ahilyanagar 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- VI & VII are not working in / at any other College / Institute or presented themselves at any inspection for the Academic Year 2025-20 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.

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 03 day of February 2025 at Ahilyanagar.

Date: 03/02/2025

Place: Ahilyanagar

Mr. Ajjappa H. Chavaradar

PRINCIPAL
PARVATIBAI MHASKE INSTITUTE
OF NURSING, AHILYANAGAR

MUHS