

महाराष्ट्र MAHARASHTRA

2022

07AA 181356

100.00		Actor and the control of the control
an.	3 0 JUN 2022 अनु. क हि90 वि मु.शु.रकम 900/	Total Total
	अनु, क ६९८ हि. मु.शु.रक्कम ९००	C. C
थाले	वस्ताचा प्रकार	9346773
8 25		1 0 JUN 2022
	शिलकनीचे वर्णन	
E CH	मुहांक िकत घंणाऱ्याचं नांव. साहिर्य का क्षेप्न ऑफ नासिव	उप कोषागार मिधक
-	तः हाः	W. A.
art of	हुसन्या पश्चकाराचे नांव	THE PARTY OF THE P
A THE	इस्ते व्यक्ताचे नाव व पत्ता स्तिन्म अग्राष्ट्राक्य त ता	
THE PERSON NAMED IN	North .	ě
हा ज्यांनी के स्थापास्		
गरणासम्बर्ध सर्वेद्धां के	श्री चंद्रकांत तानाजी थिटे	
	SUVVUCC 32 LELLERA	

ANNEXURE-VII

DECLARATION

I, the Dean-/ Director/ Principal of the MAEER's College of Nursing (B.Sc.), Talegaon (D), Tal.Maval, Dist.Pune – 410 507,

C:\Users\acad76\Desktop\20.04.2020 \Medical-LIC Format with Annexures (I to XIII) for A.Y.2022-23

)Page 15 of 1

🏗 👺 मुद्रांक विकत घेणाऱ्याची सही जिजामाता चौक, तलेगांव दाभावे

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 myknowledge. 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—VII & VIII. are not working in / at any other College /Institute or presented themselves at any inspection for the Academic Year 202 -202 as per my knowledge and information provided by the concerned teachers. The teachers in the Annexure—VIII. & VIII. 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—VIII. & VIII. 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 day of June 2022 at Talegaon (D).

Date: 30 / 0 6 /2022

Place: Talegaon (D), Dist. Pune

Signature of Dean/Principal ______Name of the Signatory – Mrs.Priyanka Akut

(with Seal of the College / Institute)



Principal
MAEER's College of Nursing,
Talegaon(D)-410597