



महाराष्ट्र MAHARASHTRA

CW 281518

अनु. क्र. २२८८२, दि. १०४ FEB २०२५, मु.सु.रकम. ५००/-
दस्ताचा प्रकार... प्रतिज्ञापत्र
दस्त नोंदणी करणार आहेत का? होय/नाही.
मिळकतीचे वर्णन...
मुद्रांक विकत घेणाऱ्याचे नांव... माईर कॉलेज ऑफ नर्सिंग
पत्ता... त.क.
दुसऱ्या पक्षकाराचे नांव...
हस्ते व्यक्तीचे नाव व पत्ता... शुभम होडीबाग, त.क.



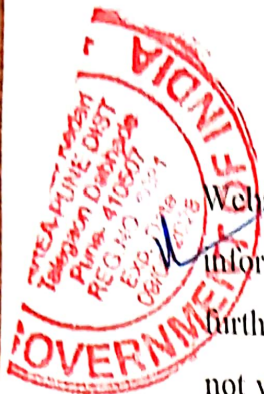
श्री चंद्रकांत तानाजी थिटे
परवाना क्र. २२०८००३
मुद्रांक विकत घेणाऱ्याची सही जिजामाता चौक, तालेगाव तालुका



DECLARATION

I, the Principal of the MAEER College of Nursing 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 – 2026, 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.....day of20.....at.....

Date :

Place:

[Handwritten Signature]

Signature of Dean/Principal
Name of the Signatory-
(With Seal of the College/Institute)
Date:



BEFORE ME

Mr. D. S. Pawar B. Kedari
ADVOCATE & NOTARY
GOVERNMENT OF INDIA
3 Balkrushna Apartment Hospital,
Colony Talegaon Station, Talegaon, Pune- 410507

Principal
MAEER College of Nursing
Talegaon Dabhade-410507

17 FEB 2025

Noted & Registered Book No-33
At Serial Number... 149/2025
On... 17/02/2025