

महाराष्ट्र MAHARASHTRA

2023

72AA 066205

27 OCT 2023

अनु. क्र. 203९० दि. २७.१०.२०२३

वस्ताचा प्रकार.....

दस्त नोंदणी करणार आहेत का ? होय/नाही.

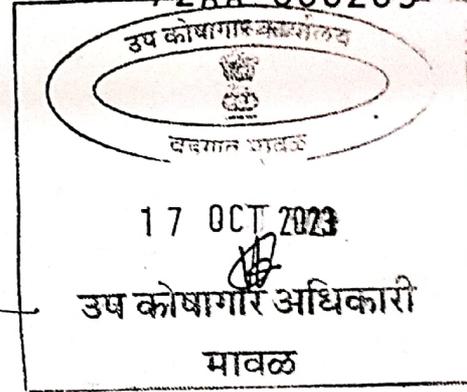
मिलकतीचे वर्णन.....

मुद्रांक घेणाऱ्याचे नांव.....

पत्ता.....

दुसऱ्या व्यक्तीचे नांव.....

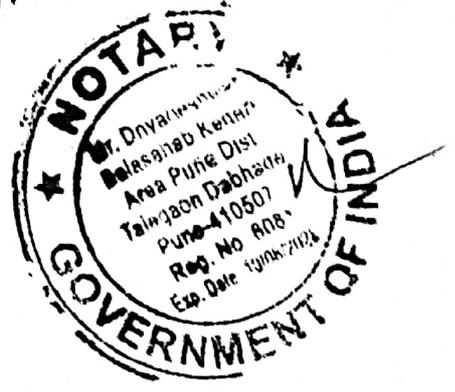
हस्ते व्यक्तीचे नाव व पत्ता.....



*[Signature]*

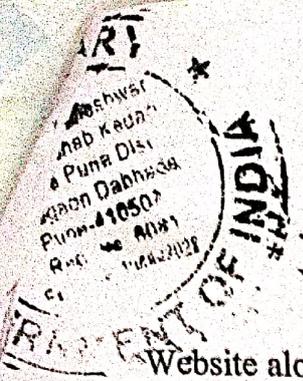
श्री चंद्रकांत तानाजी थिटे  
परवाना क्र. २२०८००३

मुद्रांक घेणाऱ्याची सही जिजामाता चांक, तळेगांव दाभण्डे



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 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 20.24-20.25, 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.

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 ..... 20.... at .....

Date: Talgaon - 21/02/2024

Place: Talgaon

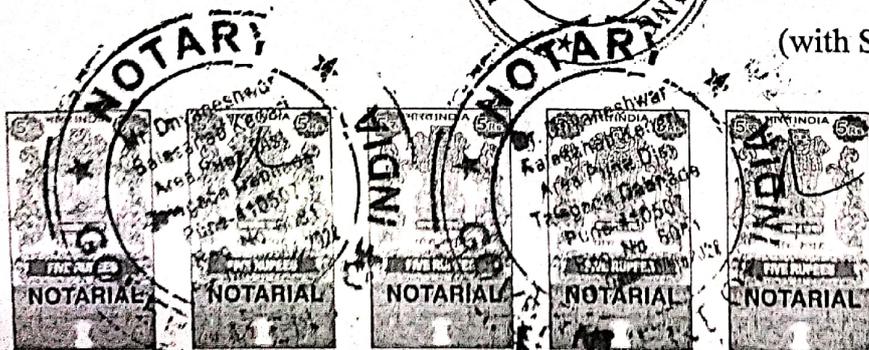


For [Signature]  
Principal  
MAEER College of Nursing  
Talgaon Dabhade, Pune-410507

Name of the Signatory-

(with Seal of the College / Institute)

Notary & Registered / 500R No - 32  
 41 Serial Number... 2571/2024  
 00-211621-2024



BEFORE ME

[Signature]  
Mr. Dnyaneshwar B. Kedar  
ADVOCATE & NOTARY  
GOVERNMENT OF INDIA  
J, Baharwana Apartment Host  
Colony Talgaon Station, Talgaon, Pune

21 FEB 2024