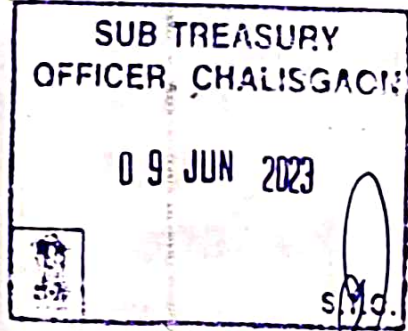


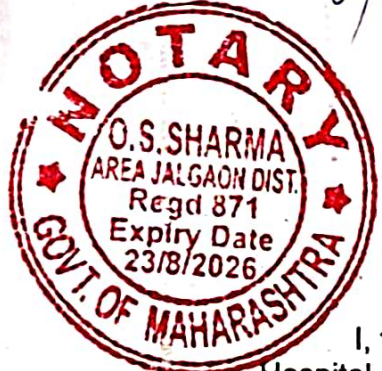
महाराष्ट्र MAHARASHTRA

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क्र. नं. १२२ रुपये १०० रु. दिनांक - 9 JUN 2023
फक्त प्रतिज्ञापत्रसाठी (अनुच्छेद क्र. ४) अंतर रेकी ग
प्रतिज्ञापत्र कोशाकडे सादर करावयाचे -
प्रतिज्ञापत्रसाठीचे कारण -
मुद्रांक घेण्याचावे नांव व पत्ता - प्रान्त नर्स आर्युर्वेद पहाणिका मध्य
मुद्रांक विकत घेणार सही - हृदय रफात शिंदे काठ



DECLARATION

(To be prepared on a Stamp Paper Rs.100)

I, the Dean / Director/ Principal of the KDMGs Ayurved Medical College & Hospital Chalishgaon Dist- Jalgaon College / Institute solemnly states on affirmation, that the information provided by me in Inspection Format as well as uploaded on College Website alongwith 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 teacher's 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 2023-2024, as per my knowledge and information provided by the concerned teachers. The teachers in the Annexure- VII & VIII are staying in the same city / town / village where the College / Institute is situated

ANNEXURE- XVI
रा. रा. पिंपळे
मुद्रांक विक्रेता
ला.नं. ६/९३
चाळीसगांव

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- VII & 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 withdrawn, as the case may be.

This declaration is voluntarily signed by me on day of20.....
at.....

Date : 10/06/2023

Place : Chalisgaon

Signature of Dean/Principal
Name of the Signatory – Dr. Mali Pravin Ashok



AYURVED MEDICAL COLLEGE
CHALISGAON DIST. JALGAON

NOTED AND REGISTERED
AT SERIAL NO. 319

SIGN BEFORE ME

SHARMA O.S.
ADVOCATE & NOTARY
CHALISGAON, DIST. JALGAON



10 JUN 2023