



महाराष्ट्र MAHARASHTRA

2024

CX 879322



मि. वि. वा. प्रकार / अनुच्छेद क्रमांक :
बोदणी करण्यात आहेत का?
मि. होमर अग्रत्यास दु.नि.का.चे नांव :
मि. होमर अग्रत्यास मोयदला रजम
विकत आगत्याचे नांव : जिजामाता कॉलेज ऑफ फिजिओथेरापी
मि. अग्रत्यासचे नांव : रमेश रामे
मु.क्र. ५०० मु.पि.अनु. ७९३९ दि.
कारणासाठी ज्यांनी मुद्रांक खरेदी केला त्यांनी
कारणासाठी त्यांनी मुद्रांक खरेदी केल्यापासून
हिन्याच्या आत वापरणे बंधनकारक आहे

सचिन दिनकरराव टाक
मुद्रांक विक्रेता, माजलगाव
परवाना क्र. ११३/१९९९.
कॉलेज ऑफ फिजिओथेरापी
माजलगाव
15 JAN 2025
Sub Treasury Office
Majalgaon Dist. Beed



ANNEXURE- XIV

DECLARATION

(To be prepared on a Stamp Paper of Rs.500 Duly Notarized)

I, the Principal of the Mr. Anand Babu K College / Institute 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- VIII are not working in / at any other College /Institute or presented themselves at any inspection for the Academic Year 2025-26 as per my knowledge and information provided by the concerned teachers. The teachers in the Annexure-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 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 withdrawai, as the case may be.

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



6 FEB 2025

AFFIDAVIT
Solemnly Affirm By Deponent

IDENTIFIED BY ME
Shree.....

BEFORE ME

D. R. SOLANKE
NOTARY
GOVT OF MAHARASHTRA


Principal
Jijamata College of Physiotherapy
Majalgaon Dist-Beed

