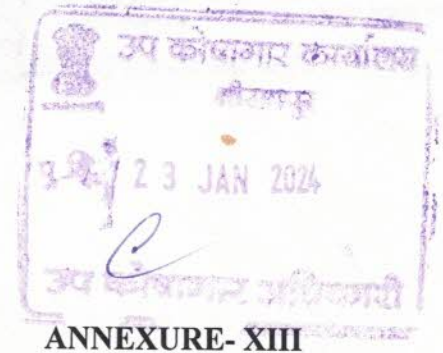


महाराष्ट्र MAHARASHTRA

2023

75AA 245314



DECLARATION

I, the Dean / Director/ Principal of the **Supriyadidi Sule College of Nursing Wadala-Mahadev, Tal-Shrirampur, Dist-Ahmednagar** 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 2024-2025 as per my knowledge and information provided by the concerned teachers.

| | |
|---|---|
| मुद्रांक विक्री नोंद वही अनुक्रमांक/दिनांक | १७०९६ दिनांक ०६ फेब्रुवारी २०२४ |
| दस्ताचा प्रकार . | — . INSPECTION |
| दस्त नोंदणी करणार आहेत का ? | |
| मिळकतीचे वर्णन | |
| मुद्रांक विकत घेणा-याचे नाव व सही | — सुप्रियादिदी सुळे कॉलेज ऑफ नर्सिंग वडाळा महादेव |
| दुस-या पक्षकाराचे नाव | |
| हस्ते असल्यास त्याचे नाव व पत्ता व सही | — श्री सुशिल सुदाम चौधरी जळगाव |
| मुद्रांक शुल्क रक्कम | — रुपये १००/२ एकूण रक्कम २०० |
| परवाना धारक मुद्रांक विक्रेत्याची सही S.T.P./G.V.N./1/96 | |
| परवाना क्रमांक तहसिल कार्यालय समीर श्रीरामपूर | |
| मुद्रांक विक्रीचे ठिकाण गजानन वि. नगरकर | |
| ज्या कारणासाठी ज्यांनी मुद्रांक खरेदी केला त्यांनी त्याच कारणासाठी मुद्रांक खरेदी केल्या पासून ६ महिन्यात वापरणे बंधन कारक आहे. | |

Sushil

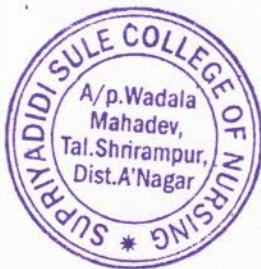
The teachers in the **Annexure- VI & VII** are staying in the same city / town / village where the College / Institute is situated or adjacent to the city / town / village, where the College/Institute is situated and having the valid proof of residence of the said city / town / village. The teachers 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 20/02/2024 at Wadala-Mahadev, Shirampur.

Date: 20/02/2024

Place: Wadala-Mahadev, Shirampur.



(With Seal of the College / Institute)


Signature of Dean/Principal
Principal
Name of the College of Nursing
A/p.Wadala Mahadev, Tal.Shirampur,
Dist.Ahmednagar