

महाराष्ट्र MAHARASHTRA

2024

CV 309554

क्र. नं. क्र. H 0264 दि. 27 DEC 2024 रु. 500 चेकी  
गतिज्ञापत्र कोणाकडे सादर करावयाचे कारण  
मुद्राक घेणाऱ्याचे नाव: प्रवर्तना शा. शिक्षण संस्था  
दस्त्या प्रकार: करारनामा दस्त्या नोंदणी करणार का-होय/नाही  
दु.निबंधक कार्यालय-नाशिक / मोवदला रकम  
दुसऱ्या पक्षाकराचे नाव: बालाजी सिकंदरी  
मिळकत वर्णन:

TREASURY OFFICE NASIK  
23 DEC 2024

शहिन सरवडे  
R. Saravade

आप. डी. शिंदे स्टॅम्प वेब. ANNEXURE-XVII ATO  
का. नाशिकची लायसन्स नं. 22/90

DECLARATION

I, the Dean / Director/ Principal Sindhutai Vikhe Patil College of Nursing A/p. Chincholi, Tal-Sinnar, Dist-Nashik 422102 / 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 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- XIII (A) & (B) 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. The teachers in the Annexure- XIII (A) & (B) are staying in the same city / town / village where the College / Institute is situated or adjacent to the city / town / village,

NOTARY J.S. SHAIKH SINNAR AREA DIST. NASHIK REGD. No. 11192 Validity up to Date 16/04/2025 GOVT. OF INDIA

NOTARY NOTED & REGISTERED at Serial No. 503/2025 DATE 10/02/2025 This Document Contains Total ... 02 ... Pages



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Where the College/Institute is situated and having the valid proof of residence of the said city / town / village. The teachers in the Annexure- XIII (A) & (B) are not practicing in College working hours or outside 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 of .....20.....

at.....

Date:

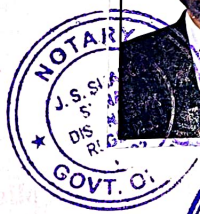
Place: Chincholi



Signature of Dean/Principal Name of the Signatory- *Dr. Balasahab Ghule*

(With Seal of the College/Institute)

**Principal**  
Sindhutai Vikhe Patil College  
of Nursing Chincholi, Sinnar  
Nashik-422102.



IDENTIFIED BY

*[Signature]*



BEFORE ME

*[Signature]*

**JAMIL S. SHAIKH**  
Advocate & Notary, Govt. of India  
Bhase Galli, Tanaji Chowk  
At. Post. Tal. Sinnar,  
Dist. Nashik. Pin. 422 103



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