



महाराष्ट्र MAHARASHTRA

जोड़पत्र - ० 2024 ०

DM 888778

हस्ताच्चा प्राप्त / अनुच्छेद ३८०क
दस्त नोंदवा करावार आहात का?
संदर्भां होणार आसल्यास दुप्पत्ति
निबंधक कायालभावे नाव
निकलतीचे वर्णन
मोबदला रसेकन रुपये
इत्यांक विकल धोणाऱ्याचे नाव/पत्ता
दुसऱ्या पक्षवराचे नाव
हानी अवलंबास नाव
मुद्राक: शुल्क रक्कम रुपये
महाराष्ट्र राज्य रुपये
महाराष्ट्र राज्य रुपये

विकलेशन

अ. नं. ३४२६

SUB TREASURY OFFICE
SINNAR

16 DEC 2025

दि. ०५०१/२०२६
इस्ते अमोल सावले

AB

ANNEXURE-XVI

DECLARATION

I, the Dean / Director/ Principal of the 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 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-XIII (A) & B are not working in / at any other College /Institute or presented themselves at any inspection for the Academic Year 2025-2026, 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, 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 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 withdrawal, as the case may be.

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

Date:

Place: Chincholi

Signature of Dean/Principal Name of the

Signatory- Dr.Balasaheb Laxman Ghule

(With Seal of the College/Institute)

Principal

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

