

महाराष्ट्र MAHARASHTRA जाडपत्र - 2024

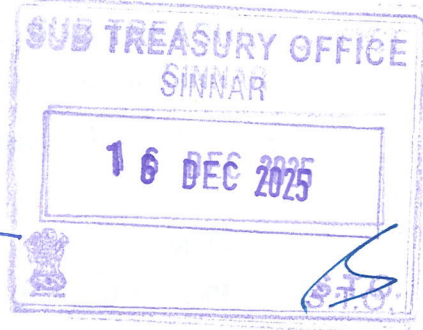
DM 888778

हस्ताक्षर प्रमाण/अनुसूचित क्रमांक
दस्त नोंद ही करणार आहेत का?
नोंदणी होणार असल्यास दुसऱ्या
निबंधक कार्यालयाचे नांव
निकालीचे वर्णन
मोबदला रक्कम रुपये
बुद्रांक विकत घेणाऱ्याचे नांव/पत्ता
दुसऱ्या पक्षकाराचे नांव
हस्ताक्षराने नांव
मुख्य शुल्क रक्कम रुपये
मलांक दि. मजि. अ. नं./दिनांक

विकलेशम

श्री. प्रवरा व्हा. शिक्षण संस्था

अ. नं. 3424



दि. 02/01/2026

हस्ते अमोल साबळे

ANNEXURE-XVI

बुद्रांक दि. ०१/०१/२०२६
ला. नं. १/२०२६, सिन्नर, ता. सिन्नर, जि. नासिक

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, Sinner
Nashik-422102.