

Noted & Registered 245/2025
at Serial Number



महाराष्ट्र MAHARASHTRA

2024

CX 786467

2023/11/02/2025

डॉ. प्रफुल्ल पाटील
नाम पंजीय
प्राप्त रजिस्ट्रार के पास

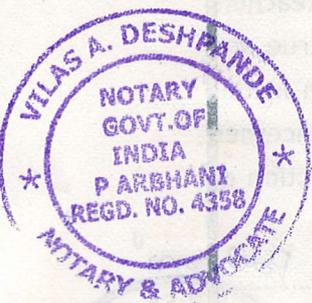
Sanjay D Sardeshpande
Stamp Vendor No 320101*
Tahsil Office Parbhani



ANNEXURE-XVI

DECLARATION

I, the Dean / Director/ Principal of the Dr. Prafulla Patil B.Sc Nursing 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- VII & XIII(A) 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



258 जोड़पत्र - 9 / Annexure-I
 खाली शिक्षका प्रतिज्ञापत्रसाठी वापरण्यात येणाऱ्या मुद्रांकावर समटवासा
 फक्त प्रतिज्ञापत्रसाठी / Only For Affidavit 2025

१. मुद्रांक विधी नोंदवही अनु क्रमांक-दिनांक
 (Serial No./Date) 111-02/2025

२. मुद्रांक विकत घेणाऱ्याचे नांव व
 रहिवासी पत्ता व सही
 (Purchasers Name,
 Place Of Residence & Signature)
 राधा रानी केकर
 Parbha

३. परवानाधारक मुद्रांक विक्रेत्याचा नांव
 व परवाना क्रमांक तारीख
 मुद्रांक विक्रीची स्थान / पत्ता

Sanjay D. Deshpande
 Stamp Vendor No.3201011
 Talasgaon, Parbhani



concerned teachers. The teachers in the **Annexure- VII & XIII(A)** 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- VII & XIII(A)** 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

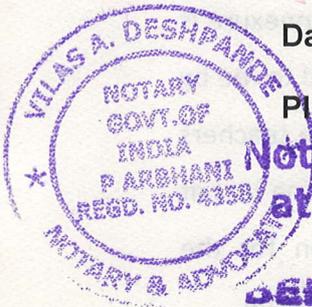
I am further hereby declaring that every information or contents in this Inspection Format is based on the information provided by the concerned teachers and endorsed by me after due verification and the same is/are absolutely true and correct. If at any stage it is revealed that any information or content 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 10 day of Feb 2025 at Parbhani

Date: 10/02/2025

Place: Parbhani

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 at Serial Number



BEFORE ME

VILAS A. DESHPANDE
 NOTARY, GOVT. OF INDIA
 PARBHANI.

Signature of Principal Name

of the Signatory-
 Mr. Ramesha K.H

(With Seal of the College/Institute)

EXECUTANT

