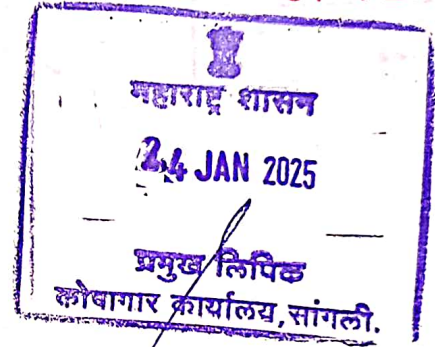




महाराष्ट्र MAHARASHTRA

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CT 729599



ANNEXURE-XVI

DECLARATION

(To be prepared on a Stamp Paper of Rs.500 Duly Notarized)

I, the Dean / Director/ Principal of the Madanbhou Patil College of Nursing, Kavalapur Sangli 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- VI & VII are not working in / at any other College /Institute or presented

असत्यास प्रकार/अनुच्छेद क्रमांक	दुमीपण
बसत नोंदणी करणार आहेत का?	नाही
सैन्यी होणान असत्यास दुय्य विरंढक कर्तार (सिधे) मुने	
मिळकतीचे वर्णन -	
भोबदला रकम	
मुद्रांक विकत घेणान्याचे नांव	मदनभाऊ पालिके दौलतज आँक नरिगा खानापूर
दुसऱ्या पक्षकाराचे नांव	महाराष्ट्र आरोग्य शिक्षण प्रिद्यपिठ नरिगा
इसते असत्यास त्याचे नांव व पता	अ. अ. पालिके
मुद्रांक शुल्क रकूम रकम	५००/-
मुद्रांक मिळी नोंद वती अनु. क्रमांक / दिनांक	१३१९९ / १३१११/२०२५
मुद्रांक विकत घेणान्याची सही	
गजानन सिवतरी कार्याळे २४०६०८२ मुम्बगाय, त्त. मिरज	



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- 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.

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 : Kavalapur



Signature of Dean/Principal Name of the
Signatory- Mrs. Suman Murlidhar Pawar

PRINCIPAL
Madanbhu Patil College of Nursing
Kavalapur, Tal:- Miraj Dist:- Sangli