



MAHARASHTRA

डॉ. अंड. मोहन एस. गवई

वी.एस.एस. 2025

का.एस.एस.वि.एस.डी. (इन सी)

उच्च न्यायालय, मुंबई

मोबा. 9240694862

Witness as to signature of Executant (s)
Only Document (s) Not Prepared, Reviewed
or Advised Upon an legality or any other

DECLARATION

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



जिल्हा कोठा नगर कार्यालय
दरिम्

3 ANNEXURE-XVI

मुद्रांक प्रमुख लिपीक

I, the Dean / Director/ Principal of the Rajashree Shahu College of B.Sc Nursing Washim 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 teacher's information attached in respective **Annexure - VII** & ----- 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 - 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 - VII** & ----- are not practicing in College working hours or out-side the City where the College /Institute is situated.

१. मुद्रांक विक्री नोंद वही अ.क्र. व दिनांक :- १२८७६ दिनांक ३.२.२०२५

२. दस्ताचा प्रकार :-

३. दस्त नोंदणी करणार आहेत काय होय/ नाही :-

४. विक्रीकरीचे थोडक्यात वर्णन :-

५. मुद्रांक विक्री घेणाऱ्याचे नाव, पत्ता व सही :-

६. हस्त असल्यास त्याचे नाव, पत्ता व सही :-

७. दस्त्या पक्षकाराचे नाव :-

८. मुद्रांक किंमत :- १००

९. परवानाधारक मुद्रांक विक्रीच्या सही व

परवाना क्रमांक तसेच मुद्रांक विक्रीचे ठिकाण व पत्ता

ज्या कायद्यासाठी ज्यांनी मुद्रांक खरेदी केला त्यांनी त्याच कामासाठी मुद्रांक खरेदी केल्यापासून

६ महिन्यात वापरणे बंधनकारक आहे.

AFFIDAVIT

Solemnly Affirmed personally by

Shri/Smt. Purna Purnachandran

who is personally identified to me/has been

certified by Shri Self

whom I personally know.

5/2/2025

सुहास पु. लक्रस
मु.वि.वाशीम २२/९८
कोड नं ६५०९००९



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 03 day of February 2025 at 03.00 pm

Date : 03/02/2025

Place: Washim

Signature of Dean/Principal Name

of the Signatory-

(With Seal of the College/Institute)

Principal

Rejendra College of
B.Sc.Nursing, Washim-444505

ATTESTED

Dr. Adv. Mahan S. Gawai

Notary, Govt. of India

Washim Distt. Regd. No. 11253

5/2/2025

