



महाराष्ट्र MAHARASHTRA

2022

46AA 316747

मुद्रांक विक्री कारण -

Reason of sale stamps and Amount

मुद्रांक विक्रीत घेण्याचे नाव व पत्ता -

Stamp Purchasers Name

हस्ते आलेल्यात स्थानी नोंद व पत्ता

Stamp Purchasers Name

मुद्रांक विक्री नोंदवही नंबर

Serial No and Date

मुद्रांक विक्रीत घेणाऱ्याची सही

Stamp Purchasers Sign.

मुद्रांक विक्रीत घेणाऱ्याचे नाव देणाराचे स्वाक्षरी

परवाना क्र. 22000000 मु. वि. विभाग - मु. वि. कार्यालय, उदरग

पदा कारणसोबत जवळी मुद्रांक विक्रीत घेणाऱ्याची सही आणि स्वाक्षरी देण्यात येईल. माहितीत वापरणे बंधनकारक आहे.

जोडपत्र १ व २ / Annexure-I & II

Principal

Late Bhaiyyasaheb Ghorpade Institute
of Physiotherapy, Malwadi (Masur),
Tal. Karad, Dist. Satara

2022

6 JUN 2023

मुद्रांक विक्रीत घेणाऱ्याची सही

SUB. TREASURY OFFICE, KARAD

6 JUN 2023

SUB. TR

ANNEXURE- XVII

DECLARATION

I, the Dean / Director/ Principal of the **Late Bhaiyyasaheb Ghorpade Institute of Physiotherapy** 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 Annexures is true and correct to the best of my knowledge. 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 & VIII** are not working in / at any other College /Institute or presented themselves at any inspection for the Academic Year 2023-2024, as per my knowledge and information provided by the concerned teachers. The teachers in the **Annexure- VII & VIII** 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 & VIII are not practicing in College working hours or out-side the City where the College /Institute is situated.

I am further hereby declare 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 ...06.... day of ...July...2023 at...Masur

Date : 06/07/2023..

Place : Malwadi-Masur



B. S. Jaginder
6-07-2023
Name of the Signatory-

(With Seal of the College / Institute)
Principal

Late Bhaiyyasaheb Ghorpade Institute
of Physiotherapy, Malwadi (Masur),
Tal. Karad, Dist. Satara

BEFORE ME

ADV. PRAJAKTA P KULKARNI
NOTARY, GOVT. OF INDIA
KARAD, DISTRICT. SATARA
RFG No. 15145

NOTARY & REGISTERED

AT.SR. No. 1801/2023

DATE - 03 AUG 2023

