



उप कोषागार नार्यात्य  
महाराष्ट्र अ.क्र. नार्यात्य  
ता.फुलांगी ३१०५८०

○ 2024 ○  
दिनांक ६ JAN 2025

ठिकात  
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३० JAN २०२४  
पृष्ठा ८५७/२  
उप कोषागार अधिकारी  
लोकांगी- D.Y Pathrikar college of Nursing  
कालांगी सांगी

पृष्ठा ८५७/२  
वृशांत लक्ष्मी वाई  
लोकांगी- D.Y Pathrikar college of Nursing  
अधिकारी सांगी

स. न. पंडित  
मुख्य मिसेस फुलांगी  
म.क. ०१७/३१०९००८  
ता.फुलांगी, नार्यात्य

#### DECLARATION

I, the Principal of the MSSPM'S D. Y. PATHRIKAR COLLEGE OF NURSING, Chhatrapati Sambhajinagar (Aurangabad) 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 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 30th day Thursday of January 2025 at Pathri, Phulambri, Chhatrapati Sambhajinagar.

Date : 30/01/2025

Place: Pathri, chh. Sambhajinagar

  
Signature of Principal

Name of the Signatory : Prof. Ruda George Stephen  
**Principal**

D.Y.Patrikar College of Nursing  
Pathri, Tq.Phulambri,  
Dist.Chhatrapati Sambhaji Nagar

