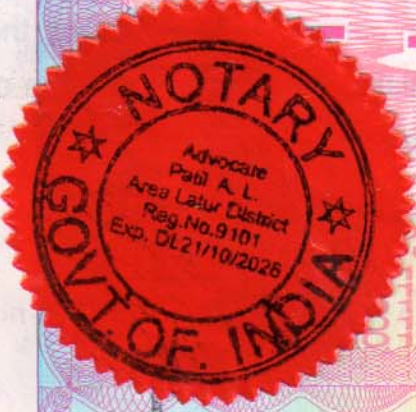
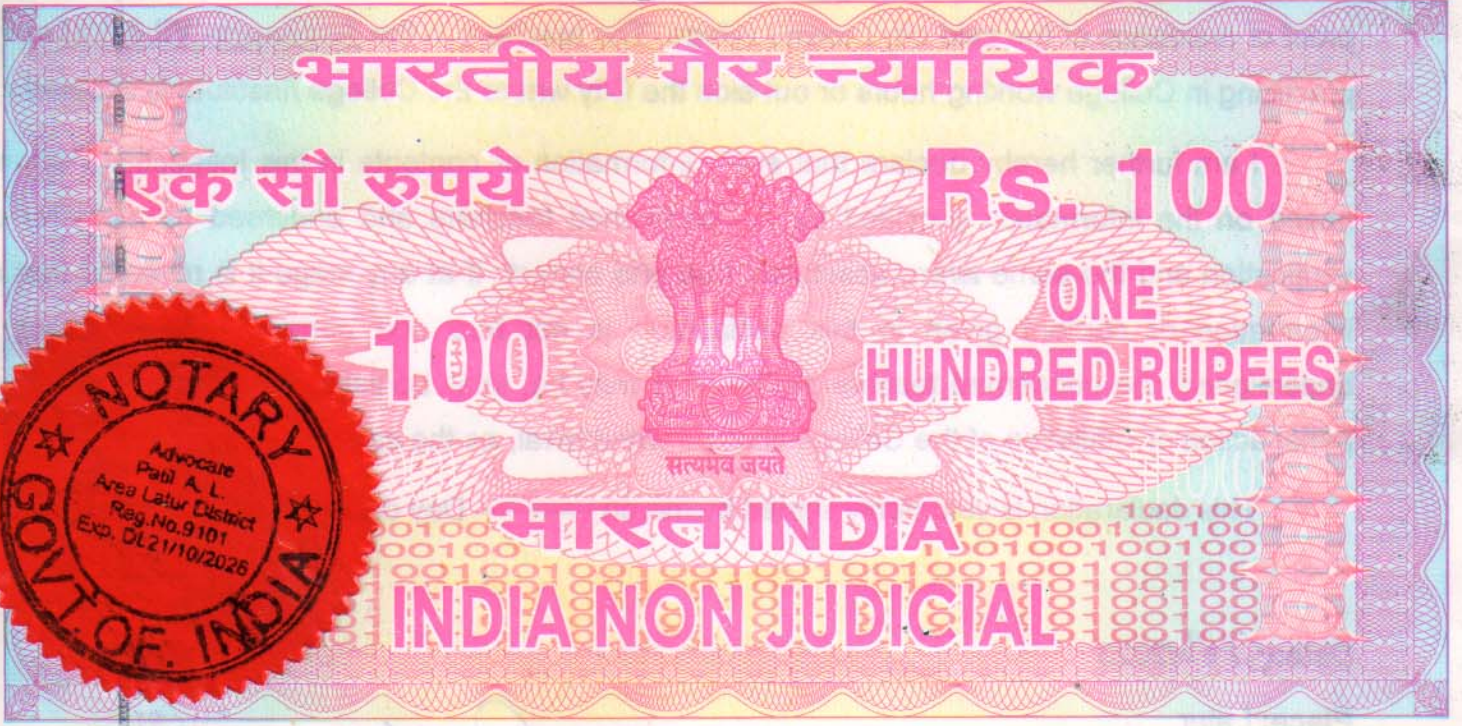


(8)



महाराष्ट्र MAHARASHTRA

2022

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प्रतिज्ञापत्र कोणाकडे सादर करावयाचे

प्रतिज्ञापत्रासाठीचे कारण

नोंदवही अनु क्र: 7127

दि. 10/03/2023

मुद्रांक शुल्क रक्कम 100

मुद्रांक विकत घेणाऱ्याचे नाव

रहिवाशी पत्ता

डि.आर.वायकोळे

क.3701016 गुरू मार्केट, लातूर

मुद्रांक विकत घेणाऱ्याची सही



ANNEXURE- XVI

DECLARATION

(To be prepared on a Stamp Paper Rs.100)

I, Dr. Anand Mukundrao Pawar the Dean / Director/ Principal of the Late. B. V. Kale Ayurved Medical College and Hospital, Latur 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 teacher's 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 2022-2023, 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 ----- Day of March 2023 at Latur.

Date: 15/03/2023

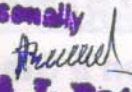
Place: Latur




Signature of Dean/Principal
Name of the Signatory: Late Babruwan Vitthalrao Kale
Name of the Signatory's Hospital: Gandhi Maidan Latur
(With Seal of the College / Institute)

15 MAR. 2023
AFFIDAVIT

Solemnly affirm before me
by Mr. Anand S. M. Musundrao Patil
Age: major. Year: Doc. Medical practice
Sex: Male. In. Dist. - Latur
Who is identified before me by
Name: Anand S. M. Musundrao Patil
To whom I know Personally


A. L. Patil
Notary
Govt. of India

