



महाराष्ट्र MAHARASHTRA

2023

65AA 440691

भारत सरकार कोणाकडे सादर करावयाचे

पतिव्रतप्रासादीचे कारण

नोंदवती अनु.क्र. 811

दि. 18 JAN 2024

पुढाक शुल्क रक्कम 10

मुद्रांक विकत घेणाऱ्याचे नाव

व रहिवासी पत्ता

डॉ. अनंद मुकुंदराव पावार
दि. 4. 9. 2023

डि.आर. वायकोळे

प.क्र.3701016 मूळ मार्केट, लातूर

मुद्रांक विकत घेणाऱ्याची सही



ANNEXURE- XVI

DECLARATION

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 2024-2025, 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 / / 2024 at Latur.

Date 23/ 01 / 2024

Place: Latur

Signature of Dean/Principal

Name of the Signatory- Dr. Pawar Anand Mukundrao



PRINCIPAL
Late Babruwan Vitthalrao Kalkar
Ayurved Medical College & Hospital
Gandhi Maidan, Latur



23 JAN 2024

BEFORE ME



D.S. Mitkari

ADVOCATE & NOTARY

Trimurti Nagar, Sawewadi

Registered Sr No