



महाराष्ट्र MAHARASHTRA

2023

बोर्डपत्र-१ / Annexure - 1  
पंजीत प्रतिभापत्रागटी

CG 525401

मुद्रांक विक्री नोंदवही अनुक्रमांक: ५७९५६ दिनांक 12/12/2024

मुद्रांक विक्रीत घेण्यासाठीचे नाव आमरिफ्ट फाउंडेशन

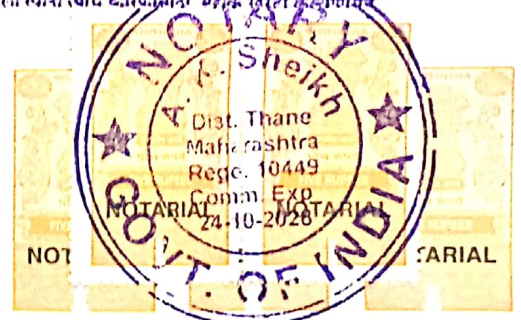
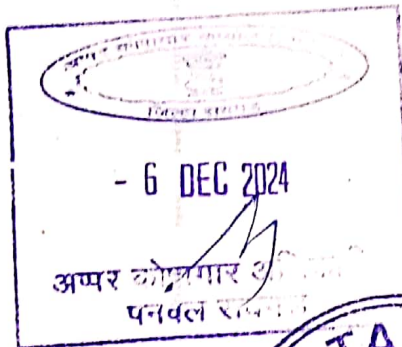
सहिलगरी पत्ता व राहो वस

हस्त असाव्यास त्याचे नांव, पत्ता व राहो अरुण ठाकरे

पंजीतपत्रात मुद्रांक विक्रीसाठी रक्कम / रक्कम  
ही रक्कम मुद्रांक विक्रीसाठी अर्ज दाखली, जवळ  
पंजीत अनुक्रमी - पंजीत २/१५-१५

(श्री. सुनील विमल परदेशी)  
सहिलगरी

या पंजीतपत्रात मुद्रांक विक्री करिता त्याची रक्कम दाखवण्याची गरज नाही हे सुनिश्चित  
पंजीतपत्रात दाखली असाव्यास आहे



## DECLARATION

I Kalpesh Kumar Jain, Principal of the Ideal Institute Of Nursing Posheri, Wada ,Palghar 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-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.

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 18.02.2025 at Ideal Institute of nursing , Posheri wada Palghar

**Date : 18.02.2025**

**Place: Posheri**



*A. K. Sheikh*  
**A. K. Sheikh**  
NOTARY PUBLIC GOVT OF INDIA  
102, A-Wing, Dev Ashirwad,  
Laxmi Park, Mira Road (E),  
Dist. Thane- 401 107 (M. S.)

Signature of Principal

Name of the

Signatory- Kalpesh

Kumar Jain

(With Seal of the College/Institute)

Date: 18.02.2025

*Kar*

**PRINCIPAL**  
**IDEAL INSTITUTE OF NURSING**  
At-Post, Posheri, Taluka - Wada  
Palghar, Maharashtra - 421303

