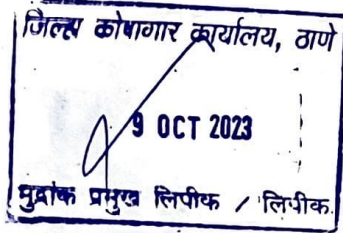




महाराष्ट्र MAHARASHTRA

2023

69AA 385543



ANNEXURE- XIII

DECLARATION

I, The Principal of the Ideal Institute of Nursing College, Wada 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-VI VII are not working in 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-VI 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 /



K=7
14/02/2024

12 OCT 2023

मुद्रांक शिक्के मॉडेलची अनुक्रमांक
 दस्तावेजा प्रकार
 वस्तु मॉडेलची करणार आहे का ? :- होय/नाही
 मिळवून देण्यात येणारा वर्णन
 मुद्रांक शिक्के देणाऱ्याचे नांव व पत्ता
 दुसऱ्या पक्षाच्या नांव व पत्ता
 हस्तो जलसन्ध्यास त्याचे नांव/पत्ता
 हस्तो सही
 परवानाधारक मुद्रांक शिक्के देणाऱ्याची सही (प्रमोद आर. दुबे)
 मुद्रांक शिक्के पत्ता - आर्देरवर क्लब, शंभरी पार्क, मीरा रोड (पूर्व), मुंबई.
 परवाना क्रमांक १२०१०४७



Handwritten signature/initials.

मुद्रांक शिक्के देण्यापासून ६ महिन्यात वापरणे बंधकारक आहे 12 OCT 2023

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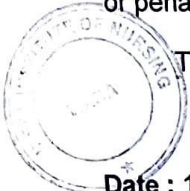
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1015, प्रजासत्ताक राज्याचे प्रतीक
 १२०१०४७
 मुद्रांक शिक्के देणाऱ्याचे नांव व पत्ता



town / village. The teachers in the Annexure-VI 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 unde.signed/ 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 12th day of Feb 2024 at Posheri, Wada

Date : 12/02/2024

Place : ...Posheri.....



Signature of Dean

Name of the Signatory- Mr. Kalpesh Jain

K
12/02/2024

Principal
IDEAL INSTITUTE OF NURSING
At-Post, Posheri, Taluka-Wada,
District Palghar,
Maharashtra-421303.