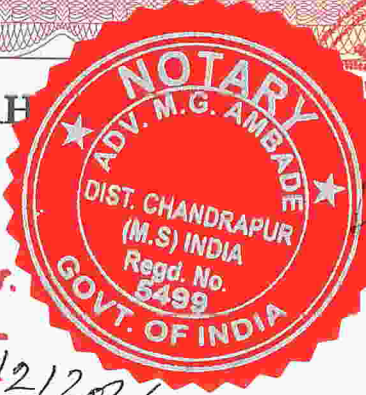




महाराष्ट्र MAH

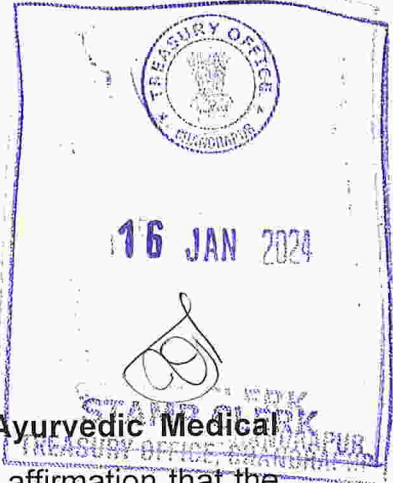


Mrs. 092023

Ayurveda  
No. 5499/08  
Chandrapur (M.S.)



83AA 435487



Notarial Regr.  
Entry No 1618  
Date 2/14/2/2024

### DECLARATION

I, the Dean / Director/ Principal of the **Smt. Vimladevi Ayurvedic Medical College & Hospital Wandhari, Chandrapur** 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 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.

जोडपत्र -2

अड्डेकरी

दस्तावा प्रकार / अजुछेद क्रमांक \_\_\_\_\_  
दस्त नोंदणी करणार आहेत का \_\_\_\_\_  
नोंदणी होणार असल्यास \_\_\_\_\_  
दुय्यम निबंधक कार्यालयाचे नाव \_\_\_\_\_  
मिळकतीचे वर्ष \_\_\_\_\_  
मोबदला रक्कम \_\_\_\_\_  
मुद्रांक विकत घेणाऱ्याचे नाव \_\_\_\_\_  
दुसऱ्या पक्षकाराचे नाव \_\_\_\_\_  
हस्ते असल्यास त्याचे नाव \_\_\_\_\_  
मुद्रांक शुल्क रक्कम रु. 1000 दिनांक \_\_\_\_\_  
मुद्रांक विक्री नोंद वही अनु क्र. \_\_\_\_\_  
मुद्रांक विकत घेणाऱ्याची सही \_\_\_\_\_  
देवराव आवळे स्टॅम्प विक्रेता, चंद्रपूर  
जुना प.क्र. 1061, 01 न.प.क्र. 4801010

श्रीमती विमलादेवी आयुर्वेदिक मेडीकल कॉलेज

25 JAN 2024

|| 2 ||

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 .....20..... at.....

Date : 14/02/2024

Place : Wandhari, Chandrapur



Signature of Dean/Principal

Name of the Signatory- Dr. Raju R. Tatewar  
(with Seal of the College / Institute)  
Principal

Smt. Vimladevi Ayurvedic Medical  
College & Hospital, Chandrapur

SIGNED BEFORE ME

Mrs. M.G. Ambade, Advocate  
NOTARY (Govt of India) Chandrapur

