

महाराष्ट्र MAHARASHTRA

2023

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एस. आर. मादनकर

वि., चिखली ला. नं. 2/94

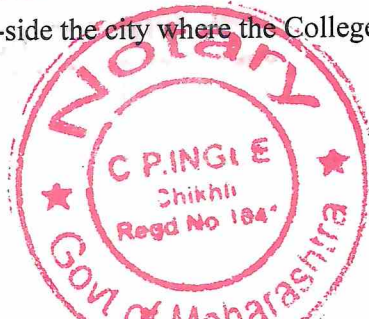
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नाम प्राचार्य सु. वा. चुनावले आयुर्वेद महाविद्यालय चिखली

ANNEXURE- XVI

DECLARATION

I, the Dean / Director/ Principal of the Sunil Ramsinh Chunawale Ayurved Mahavidyalaya, Chikhli / Institute 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. Thesaid 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 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 day of 23/01/2024 2024 at.....

Date : 23/01/2024

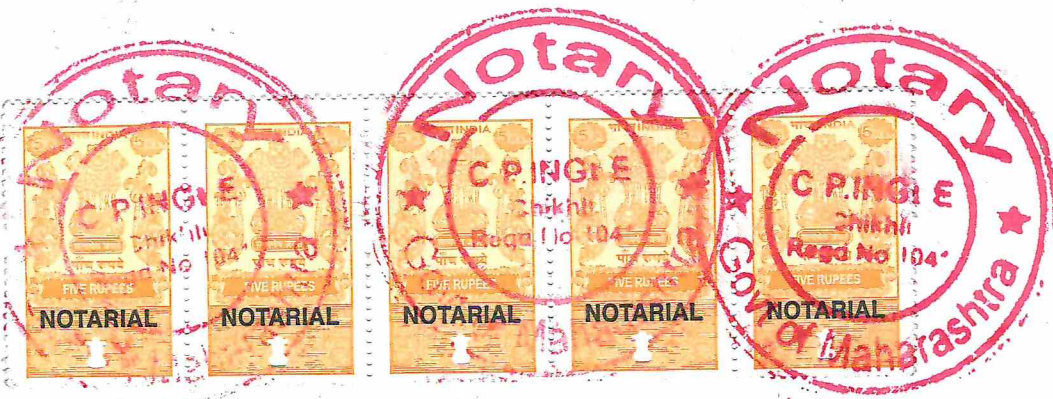
Place : Chikhi



Signature of
Dean/Principal
Name of the
Signatory-

[Handwritten Signature]

PRINCIPAL
S.R.C. Ayurved Mahavidyalaya
Chikhi, Dist. Buldana - 443201



ATTESTED

[Handwritten Signature]
23-1-24

HANDRAKISHOR B. INGLE
NOTARY Appointed by Govt. of Maharashtra
Chikhi Dist. Buldana Regd No. 104

प्रतिज्ञा करित्वा अस्तौ एवम
अपार माझ्या आकस्मिक असून त्यांना
माझ्या समक्ष यावर सही केली आहे

[Handwritten Signature]

Solemnly attested before me
by Dr. Shantaram Kulkarni
R/o Chikhi To Chikhi
Dist. Buldana who is Personally
known to me and who is indentified
before me by Dr. Shantaram Kulkarni
whom I Personally know.
DI 23-1-24 Notary C.P. Ingle

