

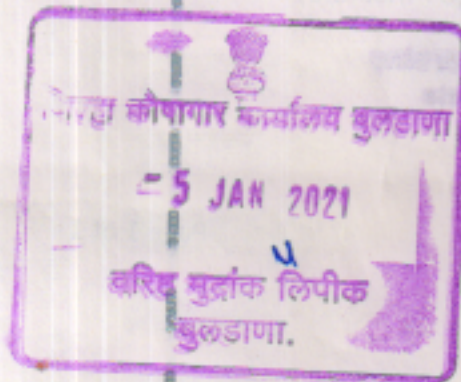


महाराष्ट्र MAHARASHTRA

2020

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5/2/2029



जेष्ठ सरकाराजसिध्द इन्डीय
T. P. P.

श्रीकृष्ण लिताराम धंदर
मुद्रांक लिपिका, बुलडाणा.
L. No. C/88/2029 to 93/99
Code No. 6301006

अनुराधा कॉलेज ऑफ नर्सिंग, चिखली

ANNEXURE- XIII

DECLARATION

(To be prepared on a Stamp Paper Rs.100)

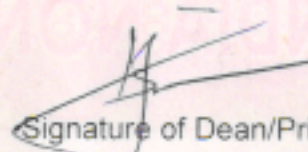
I, the Dean / Director/ Principal of the Anuradha College of Nursing chikhli. College / Institute solemnly states on affirmation, that the information provided by me in Inspection Format as well as uploaded on College Website along with all Annexures is true and correct to the best of my knowledge. The 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 / at any other College /Institute or presented themselves at any inspection for the Academic Year 2022-2023 as per my knowledge and information provided by the concerned teachers. The teachers in the Annexure- VI&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-VI&VII 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 of20..... at.....

Date:

Place: Chikhli



Signature of Dean/Principal

Name of the Signatory-

(with Seal of the College / Institute)

Principal

**Anurekha College of Nursing
Chikhli, Dist.-Buldana**

