



महाराष्ट्र MAHARASHTRA
CHIKHOLI
12 FEB 2026
STO

अ.क्र. 22474 2024 21122E
देणाराचे नांव 37AB 513719
कोणाद्वारे 21/01/2026
देणाराची सही
PRINCIPAL
RMSS Anuradha College of
Nursing, Chikhli
Dist. Buldhana (M.S.)
मु. वि. विखली
ला.नं. ७/२०००
कोड नं. ६३०२००

ANNEXURE- XVI

DECLARATION

I, the Dean / Director/ Principal of the Paramhansa Ramkrushna Maunibaba Shikshan Sanstha's 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 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- VI & VII are not working in / at any other College /Institute or presented themselves at any inspection for the Academic Year 2026. – 2027 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.

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..... day of20.....at.....

Date:-.....

Place:-Chikhli



Signature of Dean/Principal
Name of the Signatory-
(With Seal of the College/Institute)

Date:**PRINCIPAL**

**PRMSS Anuradha College of
Nursing, Chikhli
Dist. Buldhana (M.S.)**