

महाराष्ट्र MAHARASHTRA

2020

YL 455323

दस्तावा प्रकार/अनुच्छेद क्रमांक	
दस्त नोंदकी करणार अधिकार का ?	
श्रीती होमार इतल्यास सुय्य निबंधक कार्यालयाचे नांव	
शिक्षकांचे वर्णन	
पक्षकारा रक्कम	
पक्षकारा वेतनाचे नांव	
पक्षकारा नांव	
दस्ता अस्तव्यास रक्कम	
मुद्रांक शुल्क रक्कम	900/-
दस्ता विक्री नोंदवा	क्रमांक दिनांक 903eel 92100/2022

शशिकांत शांताराम विद्यारे



उप कोषागार अधिकारी
खेड

6 JUL 2022

सो. शिवल सुरेंद्र चिखले
मु. वि. प. क्र. ५/१२, पूनम डेरॉक्स,
मु. पो. ता. खेड, जि. रत्ना.

ANNEXURE- XII

DECLARATION

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

I, Dr. Shamsundar Dinkar Bhakare the Dean / Director/ Principal of the MES COLLEGE OF NURSING 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 **Thursday of 4th August 2022** at Ghanekhunt-Lote

Date : 04/08/2022

Place : Ghanekhunt-Lote

Witness -
[Signature]



[Signature]

Signature of Director Name of the Signatory-

(with Seal of the College / Institute)

DIRECTOR

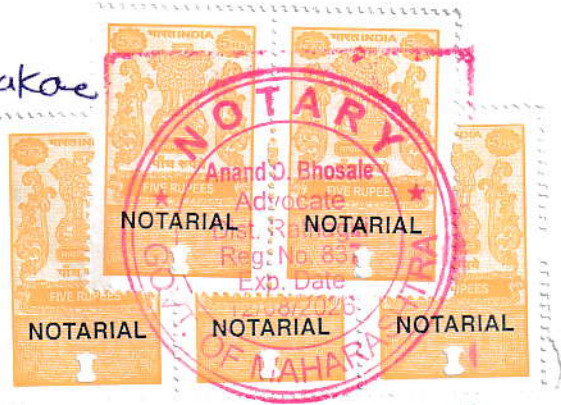
M.E.S. INSTITUTE OF HEALTH SCIENCES

Ghanekhunt - Lote, Khed, Ratnagiri - 415 722

Solemnly affirmed before me
by Mr./Mrs. *Shamsundar D. Bhosale*
Who is identified to me by
Mr./Mrs. *Sanjay G. Bhande*
to whom I know personally

[Signature]

ANAND D. BHOSALE
Reg. No. 837 B.A.L.L.B
NOTARY & ADVOCATE
MEERA BANGLA
NEAR POLICE STATION
KHED DISTRICT RATNAGIRI
MAHARASHTRA



Noted and Registered
Page No. *131* Sr. No. *1842*
Date. *04/08/2022*