



महाराष्ट्र MAHARASHTRA

○ 2021 ○

ZL 388908

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

I, the Dean / Director/ Principal of the Laxmibai Gorule College of Physiotherapy Washim 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 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 2022-2023, 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

मुद्रांक विक्री नोंदवही अ.क्रं.

दिनांक :-

दस्ताचा प्रकार :-

दस्त नोंदणी करणार आहत काय? :-

मिळकतीचे थोडक्यात वर्णन :-

मुद्रांक विकत घेण्या-याचे नांव व सही :-

हस्ते असल्यास त्याचे नांव पत्ता व सही :-

दुस-या पक्षकाराचे नांव :-

मुद्रांक शुल्क रक्कम :-


परवाना धारक मुद्रांक विक्रेत्याची सही व परवाना क्रमांक :-

तसेच मुद्रांक विक्रीचे ठिकाण :- वाशिम.

ज्या कारणासाठी ज्यांनी मुद्रांक खरेदीकेला त्यांनी त्याच कारणासाठी

मुद्रांक खरेदी केल्या पासून ६ महीन्यात वापरणे बंधनकारक आहे.

2300
900
2314/22
300/-
23/5/22
23/5/22
23/5/22


सु.के. निरखी

मुद्रांक विक्रेता, वाशिम

प.क्रं. ०४/९० कोड क्रं. ६५०१००६

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 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 23 day of May 2022 at 2:00 pm.

Date : 23/5/2022

Place : Washim




Signature of Dean/Principal
Name of the Signatory- Dr. Nilmaadhab Ghosh
(with Seal of the College / Institute)
PRINCIPAL
Laxmibai Gorule College of
Physiotherapy, Washim
Tq. Dist. Washim 444505(M.S.)