

**Maharashtra University of Health Sciences, Nashik
Physiotherapy Faculty**

**Inspection Committee Report for Academic Year 2026-27
AISHE Certificate Details**

Name of College/Institute - Laxmibai Gorule College of Physiotherapy, Washim

College / Institute Code of AISHE - C-64542

Certificate Date with reference No. C- 64542-2024 Date.24/10/2025

The Certificate details to be verified on the College web site

Verified by The LIC Committee Members



Principal
Dean/ Principal Stamp & Signature
Laxmibai Gorule College of
Physiotherapy, Washim



सत्यमेव जयते

Government of India

Ministry of Education

Department of Higher Education

Statistics Division

New Delhi

Provisional Certificate



Reference No. C-64542-2024

This is to certify that RAJESH HARILAL GORULE of LAXMIBAI GORULE COLLEGE OF PHYSIOTHERAPY WASHIM (C-64542) has successfully submitted the data of All India Survey on Higher Education(AISHE) for the survey year 2024-2025.

(Ms. Navanita Gogoi)

Deputy Director General

Dated: 24/10/2025



Principal

Laxmibai Gorule College of Physiotherapy, Washim



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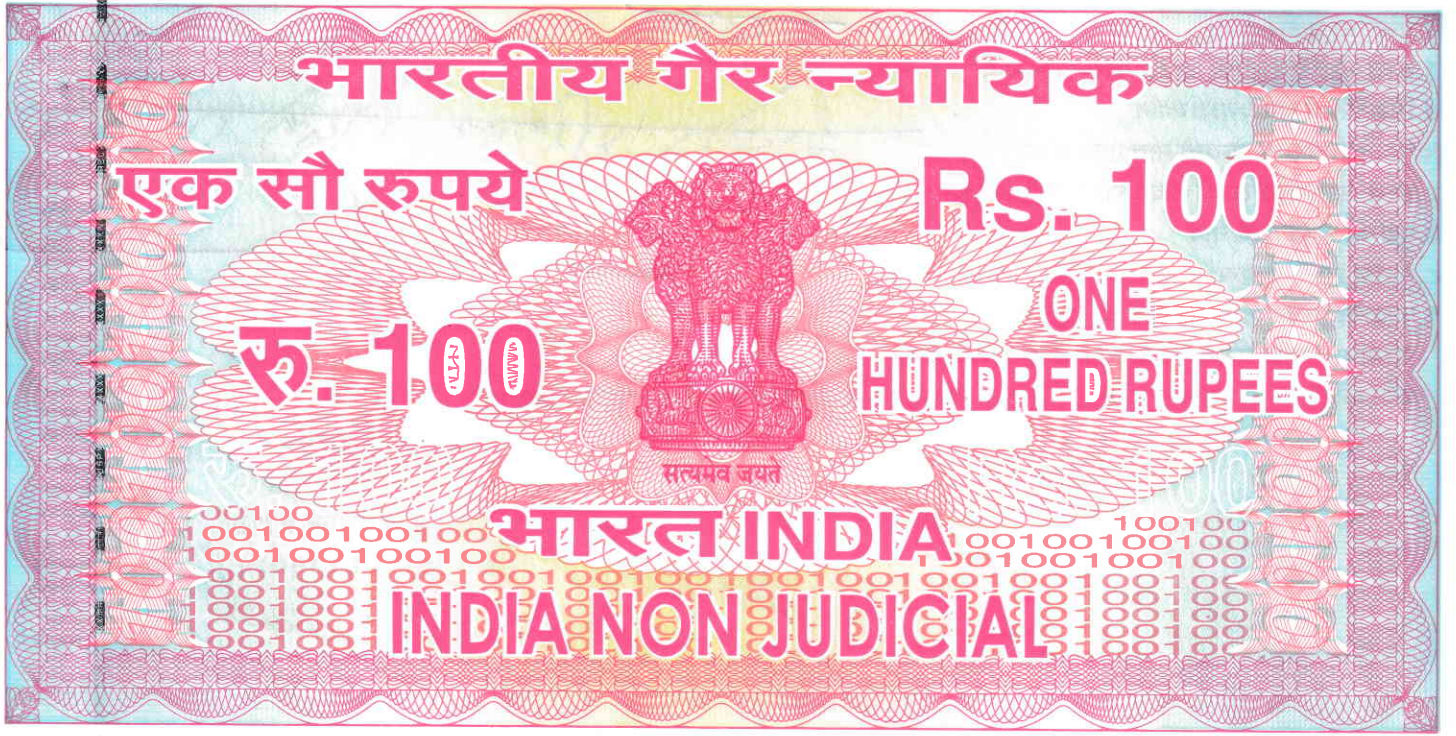
(Ms. Navanita Gogoi)

Deputy Director General

Dated: 24/10/2025



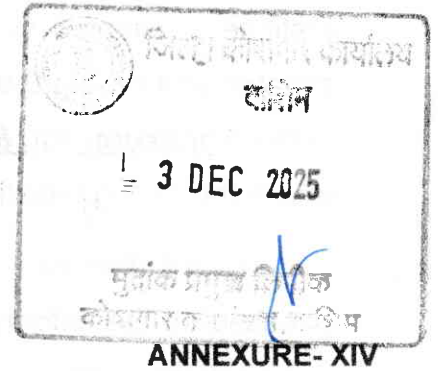
Principal
Laxmibai Gorule College of
Physiotherapy, Washim



महाराष्ट्र MAHARASHTRA

2024

27AB 697358



DECLARATION

Physiotherapy Faculty

(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 2026-2027**, as per my knowledge and information provided by the concerned teachers. The teachers in the

१. मुद्रांक विक्री नोंद वही अ.क्र. व दिनांक :-

१५०३१ दि. ५ / ०१ / २०२६

२. दस्ताचा प्रकार :-

वारी

३. दस्त नोंदणी करणार आहेत काय होय/ नाही :-

४. मिळकतीचे थोडक्यात वर्णन :-

५. मुद्रांक विकत घेणाऱ्याचे नाव, पत्ता व सही :-

६. हस्ते असल्यास त्याचे नाव, पत्ता व सही :-

७. दुसऱ्या पक्षकाराचे नाव :-

८. मुद्रांक शुल्क रक्कम :- १००

९. परवानाधारक मुद्रांक विक्रेत्याची सही व

परवाना क्रमांक तसेच मुद्रांक विक्रीचे ठिकाण व पत्ता

ज्या कारणासाठी ज्यांनी मुद्रांक खरेदी केला त्यांनी त्याच कामासाठी मुद्रांक खरेदी केल्यापासुन



सु.के. निरखी

मु.वि.वाशीम ४/९०

कोड नं ६५०९००६

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 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 07 day of Jan 2026 at 2:00 pm.

Date : 07/01/2026

Place : Washim



Signature of Dean/PrincipalName of the

Signatory- **Dr.Nilmadhab Ghosh**

(With Seal of the College / Institute)

Principal
Laxmibai Gorule College of
Physiotherapy, Washim