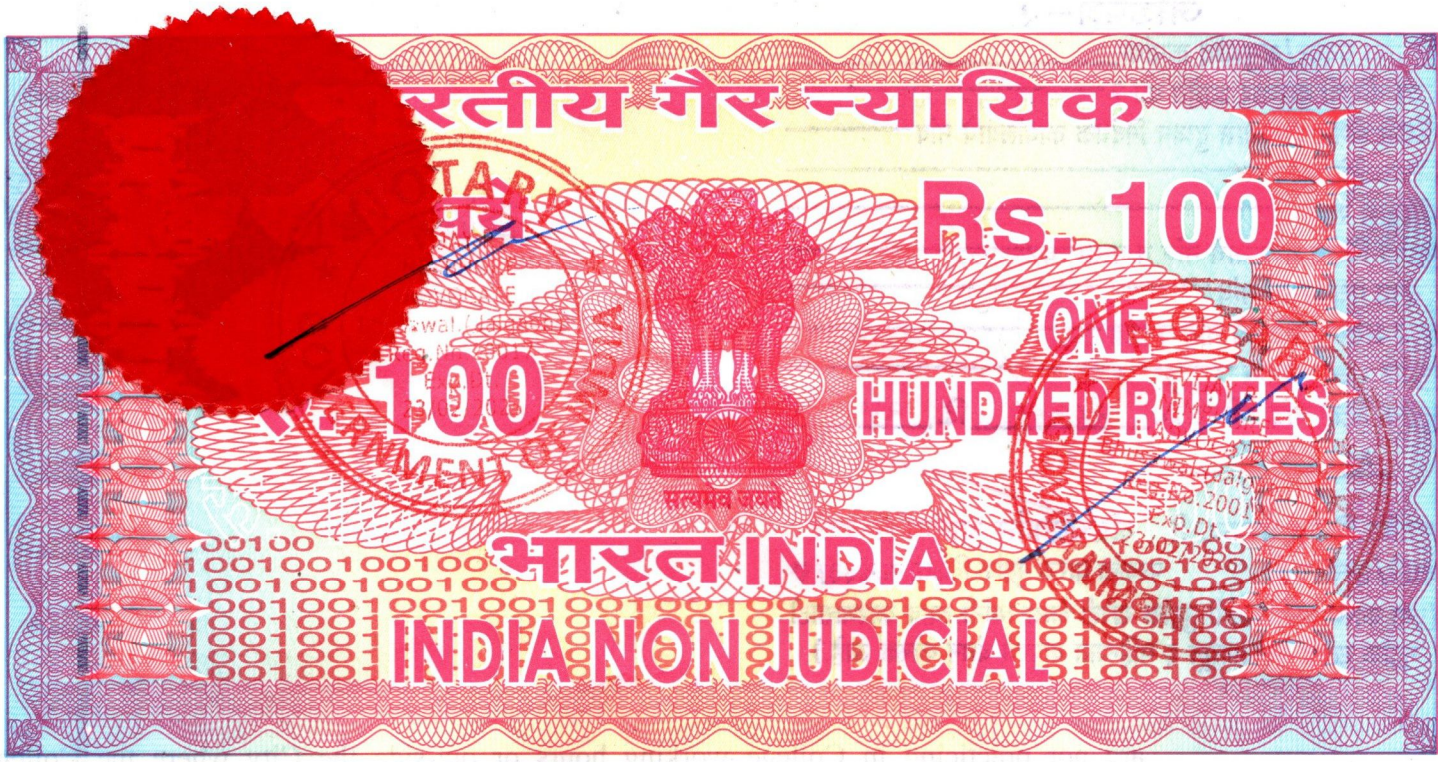

महाराष्ट्र MAHARASHTRA ◐ 2022 ◐ 47AA 979066

जिल्हा कोषागार जळगांव
प्रमाणित करण्यात आलेला आहे
27 MAR 2023
मुद्रांक प्रमुख लिपीक जळगांव

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Date 29 MAR 2023

ANNEXURE- XIII

DECLARATION

I, the Principal of the Dr. Dilip Bhaskar Patil College / Institute solemnly states on affirmation, that the information provided by me in Inspection Format as well as uploaded on College Website alongwith 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** are not working in / at any other College /Institute or presented themselves at any inspection for the Academic Year 2023-2024, as per my knowledge and information provided by the concerned teachers. The teachers in the **Annexure-VI** 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**

जोडपत्र-२

दस्ताचा प्रकार/अनुच्छेद क्रमांक _____

दस्त नोंदणी करणार आहेत का ? कॉन्ट्रॅक्ट

नोंदणी होणार असल्यास दुय्यम निबंधक कार्यालयाचे नांव _____

मिळकतीचे वर्णन _____

मोबदला रक्कम _____

मुद्रांक विकत घेणाऱ्याचे नांव व पत्ता आचार्य डॉ. उल्हास पाटील होमिओपॅथिक, मेडिकल कॉलेज जळगाव

दुसऱ्या पक्षकाराचे नांव _____

हस्ते असल्यास त्यांचे नांव व पत्ता मनोज सपकाळे

मुद्रांक शुल्क रक्कम 100/-

मुद्रांक विक्री नोंद वही अ.क्र. 22202 दि. 26/03/2023

मुद्रांक विकत घेणाऱ्याची सही/हस्ते सही

श्री.चंद्रकांत आनंदा नंन्नवरे
परवाना धारक मुद्रांक विक्रेता ला.नं.33/91

(ज्या कारणासाठी ज्यांनी मुद्रांक खरेदी केला त्यांनी त्याच कारणासाठी मुद्रांक खरेदी केल्यापासून ६ महिन्यात वापरणे बंधन कारक आहे.)

are not practicing in College working hours or out-side the City where the College /Institute is situated.

I 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 of March 2023 at Dr. Ulhas Patil Homoeopathic Medical College & Hospital, Jalgaon Kh.

Date : .03.2023
Place : Jalgaon Kh.

Dr. Ulhas Patil Homoeopathic Medical College & Hospital Jalgaon Kh.

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

Dr. Dilip B. Patil
Principal
Dr. Ulhas Patil Homoeopathic Medical College & Hospital, Jalgaon Kh.

NOTARIAL NOTARIAL NOTARIAL NOTARIAL NOTARIAL

Signed Before Me
ADV. VIJAY RAMDAS NIMBHORE
Govt. of India, Notary Public
Om Park, Gajanan Maharaj Mandir
Yawal Road, Bhusawal
29 MAR 2023