महाराष्ट्र MAHARASHTRA ◑ 2025 ◑ 55AB 018111

प्रमाणित करण्यात आलेला आहे
04 MAR 2026
मुद्रांक प्रमुख जिल्हा जळगांव

NOTED AND REGISTERED
Sr.No. 2847
Contains Pages No. 02
Date: 13/3/2026

ANNEXURE-XII

DECLARATION

I,thePrincipalofthe **Dr. Pankaj Tarachand Sharma (Godavari Foundation Dr. Ulhas Patil Homoeopathic Medical College & Hospital, JalgaonKh.)** College solemnlystates on affirmation that the information provided by me in Inspection Format as well as uploaded on College WebsitealongwithallAnnexuresistrueandcorrecttothebestofmyknowledge.Thesaidinformationisprovidedtomeby the concerned teachers and duly verified by me. It is further submitted the teachers information attached inrespective **Annexure-VI (a)** are not working in / at any other College /Institute or presented themselves at anyinspection for the Academic Year 2026-2027, as per my knowledge and information provided by the concernedteachers. Theteachersin

NOTARY ADVOCATE Jalgaon Dist.(M.S.)

जोडपत्र - २

दस्ताचा प्रकार/अनुच्छेद क्रमांक : ____________

दुय्यम निबंधक कार्यालयाचे नाव : डिक्लेरेशन.

मिळकतीचे वर्णन : ____________

मोबदला रक्कम : ____________

मुद्रांक विकत घेणाऱ्याचे नांव व पत्ता : गोदावरी फाऊंडेशन, गोदावरी डॉ उल्हास पाटील होमिओपॅथिक मेडिकल कॉलेज, जळगांव

दुसऱ्या पक्षकाराचे नांव व पत्ता : ____________

हस्ते असल्यास त्यांचे नांव व पत्ता : जळगाव स्वतः

मुद्रांक शुल्क रक्कम : १०० मुकेश पवार

मुद्रांक विक्री नोंद वही अ.क्र. १२६३६ दिनांक : १/३/२०२६

मुद्रांक विकत घेणाऱ्याची
सही/हस्ते/सही

दिनेश एम. परदेशी
परवाना धारक मुद्रांक विक्रेता
जळगाव. ला.नं.६०/९९

(ज्या कारणासाठी ज्यांनी मुद्रांक खरेदी केला त्यांनी त्याच कारणासाठी मुद्रांक खरेदी केल्यापासून ६ (सहा) महिन्याच्या आंत वापरणे बंधनकारक आहे.)

NOTARY
ADVOCATE
Hemant P
Jalgaon
Reg.N
Expi
17/
GOVERNMENT

theAnnexure-VI (a) arestaying in thesamecity /town/ villagewherethe College /Institute is situated or adjacent to the city / town / village, where the College/Institute is situated and having thevalid proof of residence of the said city / town / village. The teachers in the Annexure-VI (a) are not practicing inCollegeworkinghours orout-sidetheCitywhere theCollege/Institute is situated.

I further hereby declare that every information or contents in this Inspection Format is based on theinformation provided by the concerned teachers and endorsed by me after due verification and the same is/areabsolutely true and correct. If at any stage it is revealed that any information or content given in this declaration isnot true and correct, in such event the undersigned/ the concerned teacher as the case may be, shall be liable fordisciplinary actionor penalactionor AffiliationoftheCollegeshall bewithdrawal, as thecasemaybe.

This declarationis voluntarily signed by meon **NinethdayofMarch 2026 at Dr. Ulhas Patil HMC & H, Jalgaon Kh.**

Date: 9th March 2026

Place: JalgaonKh.

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

Signature of PrincipalNameof
theSignatory-(withSealoftheCollege/ Institute)
Principal
Dr.Ulhas Patil Homoeopathic
Medical College & Hospital,
Jalgaon Kh.

Signed Before Me

Executive Magistrate
Jalgaon

NOTARY ADVOCATE Hemant P. Dabhade Jalgaon Dist.(M.S.) Reg.No.41408 Expiry Date 17/07/2030 NOTARIAL

SIGNED BEFORE ME
ADV. HEMANT P. DABHADE
NOTARY PUBLIC, GOVT. OF INDIA
(Reg.No.41408)
District and Session Court
Jalgaon.Mob.9226365152