



महाराष्ट्र MAHARASHTRA
प्रमाणित करण्यात आलेला आहे

● 2025 ●

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04 MAR 2026

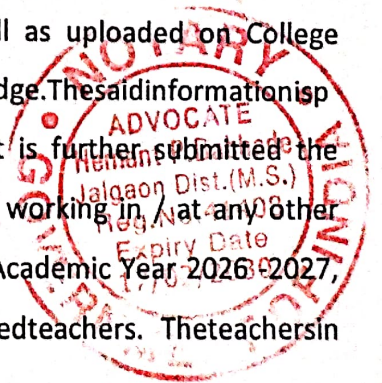
मुद्रांक प्रमुख लिपिक जळगांव

NOTED AND REGISTERED
Sr.No. 2847
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Date: 13/3 /202 6

ANNEXURE-XII

DECLARATION

I, the Principal of the Dr. Pankaj Tarachand Sharma (Godavari Foundation Dr. Ulhas Patil Homoeopathic Medical College & Hospital, Jalgaon Kh.) College 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 that the teachers' information attached in respective Annexure-VI (a) 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



जोडपत्र - २

दस्तावा प्रकार/अनुच्छेद क्रमांक : _____

मुख्य निबंधक कार्यालयाचे नाव : डिप्टी कमिशनर,

गिळकतीचे वर्णन : _____

मोबदला रक्कम : _____

मुद्रांक विप्लव घेणाऱ्याचे नांव व पत्ता : _____

दुसऱ्या पक्षकाराचे नांव व पत्ता : गोदावरी फाईनेशन, गो.दा.प.डी. ही डल्लास पळिगे टोमोफ्रीड मेडिकल

हस्ते अशल्यास त्यांचे नांव व पत्ता : जयशंकर शर्मा

मुद्रांक शुल्क रक्कम : १००

मुद्रांक विक्री नोंद वही अ.क्र. १२७३६ दिनांक : ०१/३/२०२६

मुद्रांक विक्री घेणाऱ्याची
सह/हस्ताक्षरे/सही

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

(ज्या कारणासाठी ज्यांनी मुद्रांक खरेदी केला त्यांनी त्याच कारणासाठी मुद्रांक
खरेदी केले. पासून ६ (सहा) महिन्यांच्या आंत वापरणे बंधनकारक आहे.)



the Annexure-VI (a) 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 (a) 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 **Ninth day of March 2026** at **Dr. Ulhas Patil HMC & H, Jalgaon Kh.**

Date: 9th March 2026

Place: Jalgaon Kh.



Pharma

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

Principal

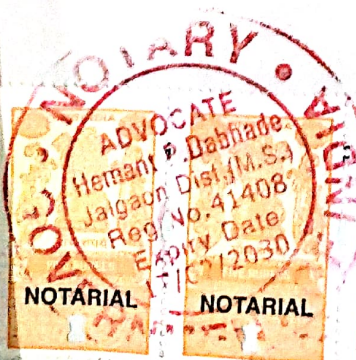
Dr. Ulhas Patil Homoeopathic
Medical College & Hospital,
Jalgaon Kh.



Signed Before Me

Executive Magistrate
Jalgaon

P. Dabhadre



SIGNED BEFORE ME
ADV. HEMANT P. DABHADE
NOTARY PUBLIC, GOVT. OF INDIA
(Reg. No. 41408)
District and Session Court
Jalgaon. Mob. 92263 65152