

महाराष्ट्र MAHARASHTRA

2023

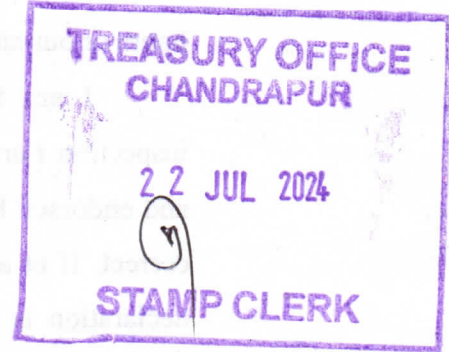
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NOTARIAL REGISTRAR

ENTRY NO. 2929

DATE 26-07-2024



DECLARATION

I, the Principal of the **Somayya Ayurved Medical College & Hospital, Bhadrawati, Dist. Chandrapur, Maharashtra-442902** 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-_____ & _____ are not working in / at any other College /

जोडपत्र -2

दस्तावा प्रकार/अनुच्छेद क्रमांक _____
 दस्त नोंदणी करणार आहेत का _____
 नोंदणी होणार असल्यास _____
 दुय्यम जिवंधक कार्यालयाचे नाव _____
 मिळकतीचे वर्णन _____
 नोंददला रक्कम _____
 मुद्रांक विकत घेणाऱ्याचे नाव महाराष्ट्र शिवांग प्रसारक मंडळ
 दुय्यम पक्षकाराचे नाव _____
 हस्त असल्यास त्याचे नाव _____
 मुद्रांक शुल्क रक्कम ₹ 1000 एक हजार
 मुद्रांक विकत नोंद वही अचक्र _____
 मुद्रांक विकत घेणाऱ्याची शर्ही 398/6
 देवराव आवळे स्टॅम्प विक्रता, चंद्रपूर _____
 जना प.क्र.1061, 01 न.प.क्र.4801010 _____

26 JUL 2024

[Handwritten Signature]

Institute or Presented themselves at any inspection for the Academic Year 2024 - 2025 as per my knowledge and information provided by the concerned teacher. The teachers in the Annexure-_____ & _____ 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 / / at Somayya Ayurved Medical College & Hospital, Bhadrawati, Dist. Chandrapur, Maharashtra-442902.

Date:-

Place:-

[Handwritten Signature]

Principal

Somayya Ayurved Medical College & Hospital
 Bhadravati Dist- Chandrapur (M.S.)
 Somayya Ayurved Medical College & Hospital
 Bhadrawati

SIGNED BEFORE ME

[Handwritten Signature]
 Mrs. M. B. ...
 NOTARY ... Chandrapur

