

महाराष्ट्र MAHARASHTRA

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18AB 038535

Annexure XV

DECLARATION



the Dean / Director/ Principal of the Somayya Ayurved College & Hospital, Bhadrawati 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 teacher's information attached in respective Annexure- 1. & are not working in / at any other College /Institute or presented themselves at any inspection for the Academic Year 2024-2026., as per my knowledge and information provided by the concerned teachers. The teachers in the Annexure- 1. & 202 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- 2. & 202 are are not practicing in College working hours or out-side the City where the College /Institute is

जोडपञ -2 वस्ताचा प्रकार/अनुच्छेद क्रमांक दरन नोंदणी करणारें आहेत का नोदणी होणार अरात्यास. ट्यम विवंधक कार्यानवाचे नाव सिरठकतीचे वर्णन भूद्रांक विकत घंनाऱ्याचे नाव दस-या पङ्गकाराचे जाव हरते असल्यास त्याचे नाय मुताक शुल्क शलका विवाक महाक विकी बोद वही अब्द क्र. 390 महांक विकत पेणान्यावी सही रीनराव आवले स्टॅम्प विक्रेता, चंदपूर जुजा य.क.१७६१, ७१ व.य.क्र. ४८७१०१०

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 . Lab....2025. at...........

Date: 27 Feb 2025

Place: Bhadrawali



Signature of Dean/Principal

Name of the Signatory

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

(with Seal of the College / Institute)