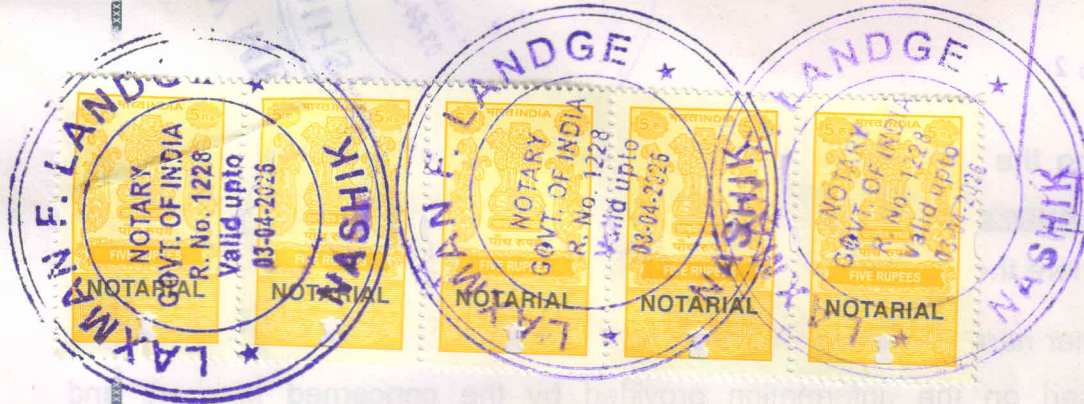




महाराष्ट्र MAHARASHTRA

2022



ANNEXURE- XIII

DECLARATION

I, the Principal of the **Central Hindu Military Education Society's Bhonsala Institute of Nursing, Nashik** 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 & VII** are not working in / at any other College /Institute or presented themselves at any inspection for the Academic Year 20**22**-20**23**., as per my knowledge and information provided by the concerned teachers. The teachers in the **Annexure- VI & VII** 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

फक्त प्रतिज्ञापत्रासाठी (अनुच्छेद-४)

A - 4192 0464 0652

प्रतिज्ञापत्र कोणाकडे सादर करावयाचे कारण	श्री. संजय
प्रतिज्ञापत्रासाठीचे कारण	उपरोक्त
मुद्रांक विकत घेणाराचे नाव व रहिवाशी पत्ता	श्री. संजय मुरलीधर गोविंद गोरे 21/3/2022 श्री. मुक्ति मंदिर नाशिक धर्मा - गरीब, पेंडींग मोर्चा
मुद्रांक विक्री बाबतची नोंद वही क्रमांक व दिनांक	६३८०६ ४ ३०/०५/२०२२
मुद्रांक विकत घेणाराची सही	
परवानाधारक मुद्रांक विक्रेत्याची सही व परवाना क्रमांक तसेच मुद्रांक विक्रीचे ठिकाण/पत्ता	संजय मुरलीधर गोविंद मुद्रांक विक्रेता (परवाना क्र.८३/२००२) गुरुकृपा, शिवाजी रोड, सीबीएस, नाशिक



IDENTIFIED BY ME

BEFORE ME

L. F. LANDGE
Advocate & Notary
Govt. of India
Stadium Complex, Building No 2
M. G. Road, Nashik-1

Noted & Registered
at Serial Number
4150/20

and having the valid proof of residence of the said city / town / village. The teachers in the Annexure- VI & VII are not practicing in College working hours or outside the City where the College /Institute is situated.

THIS DOCUMENT
CONTAINS PAGES
01

I am further hereby declare that every information or contents in this Inspection Form 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 05 day of August.....20.22. at...Nashik

Date : 05/08/2022

Place : Nashik



Signature of Principal
Name of the Signatory - Dr. T. Sivabalan
Bhojsala Institute of Nursing, Nashik