

महाराष्ट्र MAHARASHTRA

2023

59AA 230127

क्र. नं. 142421 दि. 17 JUL 2023 रु. 100/- केकी रु.

Affidavit

श्री. / श्रीमती / सौ. Principal Bhonsala Institute of Nursing
पत्ता 08, Munje Marg, Gangapur Road Nashik
हस्ता Ganesh Lokhande
सही



Ganesh

स. वि. अमृतकर
स्टॅम्प वेंडर, नाशिक.
(मु. वि. प. क्र. १०३/२००२)
DECLARATION

ANNEXURE-

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- & are not working in / at any other College /Institute or presented themselves at any inspection for the Academic Year 20.....-20....., as per my knowledge and information provided by the concerned teachers. The teachers in the Annexure- & 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

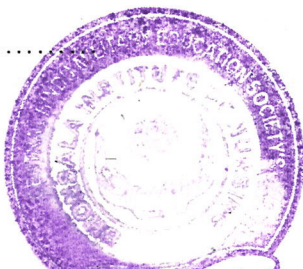
and having the valid proof of residence of the said city / town / village. The teachers in the Annexure- & are not practicing in College working hours or outside the City where the College /Institute is situated.

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 day of20..... at.....

Date :

Place : NASHIK.....



Signature of Principal

Name of the Signatory- **Dr. T. Sivabalan**

Bhonsala Institute of Nursing, Nashik

PRINCIPAL

**CHMES Bhonsala Institute of Nursing
Dr Moonle Marg, Rambhoomi, Nashik-05**