

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 :

Signature of Principal

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

Bhonsala Institute of Nursing, Nashik



PRINCIPAL

CHMES Bhonsala Institute of Nursing
Dr. Moonje Marg, Ra. (Page 2 of 2) 05