



महाराष्ट्र MAHARASHTRA

2024

DD 132898

क्र. नं. 207/2 रु. 500/- पैकी रु. 500/- दि. 03/02/2025

CHMES BHONSALA INSTITUTE OF NURSING

पता: Dr. Moonje Marg, Rambhoomi.

Opp. Shri Guruji Rughalaya
Nashik-422 005 (MH)

हस्ते: Mayur Vable

कारण: Affidavit

सही: _____

योगेश ब्रह्मसंत शुक्ल
स्टॅम्प वेडर नाशिक
परवाना क्र 97/2002



ANNEXURE-XVI

DECLARATION

(To be prepared on a Stamp Paper of Rs.500 Duly Notarized)

I, the Dean / Director/ Principal of the Central Hindu Military Education Society's Bhonsala Institute of Nursing, Nashik College / Institute solemnly states on affirmation, that the information provided by me in Inspection Format as well as uploaded on College Website along with all Annexure is true and correct to my knowledge & Belief. 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 2025-2026, 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 out-side the City where the College /Institute is situated.

Infrastructure Required as per MSR and Indian Nursing Council Norms is available and we have own building for Nursing Institute or Required Specified Constructed Area as per Norms Laid by Authorities for College and Hostel as per Intake capacity and further No Other Nursing Colleges Running in Same campus or In Same Building

I am further hereby declaring 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 of _____ 2025 at Nashik

Date : _____

Place: Nashik



(Signature)
Dr. T. Sivabalan
Principal
Bhonsala Institute of Nursing,
Nashik

Date: _____