



MAHARASHTRA

2024

03AB 869608

हस्ताचा प्रकार अनुच्छेद क्रमांक :

मुद्रांक विकत घेणाऱ्याचे नांव :

हस्ते असल्यास त्याचे नांव व पत्ता :

मुद्रांक शुल्क रक्कम :

मुद्रांक विक्री नोंदवही क्र :

मुद्रांक विकत घेणाऱ्याची सही :

या कारणासाठी ज्यांनी मुद्रांक खरेदी केला त्यांनी त्याच कारणासाठी व मुद्रांक खरेदी केल्यापासून ६ महिन्यात वापरणे बंधनकारक आहे

सी. पी. बैजल

या मुद्रांक विक्रेता प.क्र.3601007

दुकान नं. SH-30, जुना मोठा

बस स्टॅण्ड रोड, जालना

१५/०८/२०२४

ANNEXURE-XVI

DECLARATION

I, the Dean / Director/ Principal of the **DR. SUBHASHRAO DHAKNE COLLEGE OF B. SC. NURSING, ROHANWADI, JALNA** 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- VI & VII** are not working in / at any other College /Institute or presented themselves at any inspection for the Academic Year 2024-2025, 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 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 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 06 day of February 2025 at Rohanwadi, Jalna

Date : 06/02/2025

Place: Rohanwadi, Jalna



Signature of Dean
/Principal Name of
the Signatory-
(With Seal of the College
/Institute)

Date: 06/02/2025

MR. SHREENATH KISANRAO KULKARNI

Shreenath Kulkarni

PRINCIPAL
Dr. Subhashrao Dhakne College
of B.Sc. Nursing
Rohanwadi, Tq. Dist. Jalna



ATTESTED

SUBHASH L. BORDE
ADVOCATE & NOTARY GOVT. OF INDIA
AREA-JALNA DISTRICT (MAH)
Reg. No. 32325, Mob. No. 9404579550

IDENTIFIED & EXPLAINED BY

Shri/Smt: Shesad G. Kawankar
R/o. Jalna Ta. & Dist. Jalna