



महाराष्ट्र MAHARASHTRA

2024

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मुद्रांक प्रकार - प्रतिज्ञापत्र/परम  
मुद्रांक विक्रेता घोषणापत्र नं. 2/2009-2010  
दुसऱ्या पक्षारक्षारके नांव :- 2004106 म्हा.स. म. अ. न. न. म. अ. न. न.  
हस्ते असात्यासून त्याचे नांव व पत्ता :- 45 म्हा.स. म. अ. न. न. म. अ. न. न.  
मु.वि. नोंदवली अ. नं. :- 3e338 दिनांक :- 4 FEB 2025  
एस.एस. गांधी, (मुद्रांक विक्रेता) सिव्हील हाडको, तारकपूर, सावेडी, अ. नगर  
परवाना क्र. लाय. व. नं. 2/2009-2010 ज्या कारणासाठी मुद्रांक खरेदी केला त्याच कारणासाठी  
मुद्रांक खरेदी केलापासून सहा (६) महिन्यांत वापरणे बंधनकारक आहे.

ANNEXURE- XIII

DECLARATION

I, the Principal of the Kakasaheb Mhaske Homoeopathic Medical College, Hospital and Post Graduate Institute Ahmednagar 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 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 teacher's information attached in respective Annexure- VI (a) 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 (a) 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 (a) are not practicing in college working hours or out-side the city where the College /Institute is situated.

I 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 4th day of Feb 2025 at Ahmednagar.

Date : 04/02/2025

Place : Ahmednagar



*dsre/s*  
Signature of Principal

Name of the Signatory-

(with Seal of the College / Institute)

**PRINCIPAL**  
**Kakasaheb Mhaske Homoeopathic**  
**Medical College, Hospital & Post.**  
**Graduate Institute, Ahmednagar.**