

महाराष्ट्र, MAHARASHTRA

2025

48AB 816119

दस्तावेज नोंदणी क्र.

प्रकार -- प्रतिज्ञापत्र

मुद्रांक धारक का काकासाहेब म्हास्के होमिओपॅथिक मेडिकल कॉलेज

दस्तावेज धारकाचे नाव

हस्ताक्षर असल्यास - स्वतः / हस्ते -- ठाणे शहर

मुद्रांक नोंद वही अ.नं. 942403 दिनांक

26 AUG 2025

सही

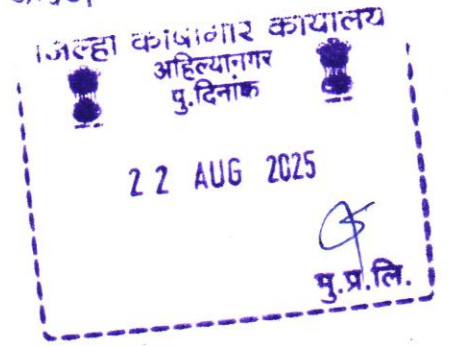
(Signature)

वेळी मुसळे, काकासाहेब, अ.नगर, मो. ९४ २२ २२ ९४ २५

पत्ता नं. ५/सटीपी/१९९६

ज्या कारणामुळे मुद्रांक खरेदी केला आहे त्याच कारणामुळे मुद्रांक

खरेदी केल्यापासून सहा महिन्यांनंतर आत वापरणे बंधनकारक आहे



ANNEXURE- XII

DECLARATION

I, the Principal of the Kakasaheb Mhaske Homoeopathic Medical College, Hospital and Post Graduate Institute, Ahilyanagar 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 2026 - 2027, 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 31st day of Jan 2026 at Ahilyanagar.

Date : 31/01/2026

Place : Ahilyanagar


Signature of Principal

Name of the Signatory-

(with Seal of the College / Institute)

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