ANNEXURE

XIV

DECLARATION



महाराष्ट्र	MAHARASHTRA JAN © 2024 ©		0.7	278497
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自	र) दस्ताचा प्रकार :	or Annual Association of Market	PARTY THAT IS NOT THE PARTY OF	A COLUMN THE PROPERTY OF THE PARTY OF THE PA
8	२) दस्त नोंदणी सरणार आहेत का ?:- होव/नाह	र्जिल्ड	काषागार	अधिकारी
ġ	३) मिळकतीचे वर्णन : Principal	(
	४) मुद्राक विक्रत घेष्ट्राच्याचे जांच Institute of Nursing	No. of Street, or other Persons	Forth.	
9	५) पत्ताः Education & Resea ा Tilak Maharashtra Vidyapeeth Tru	+	Cy C	The State of the S
	E) हस्ते व्यक्तार्थ के Gultekdi, Pune - 411 037.	2	2 2 JAN	2025
DE	91 411			
100	८) दुसन्या एक्कका । वस्य :			
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9	विजय वजनसव भालेकर	कोषाग	तर पुणे	करिता
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9	७५/५९०, महर्सीनगर, पृणे-३७			

ANNEXURE- XVI

DECLARATION

I, the Dean / Director/ Principal Institute of Nursing Education and Research , Tilak Maharashtra Vidyapeeth, trust ,Pune 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 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 teachers information attached in respective Annexure
I.VI.VII.VIII.... &XI are not working in / at any other College /Institute or presented themselves at any inspection for the Academic Year 2024.....-20.25....., 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- ...VII... & ...VIII... are not practicing in College working hours or out-side 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:

k Marie Pid Researach

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

Principal
Institute of Nursing
Education & Resears*
Tilak Maharashtra Vidyapeeth Trust
Gultekdi, Pune - 411 037

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