



महाराष्ट्र MAHARASHTRA

2022

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प्रतिज्ञापत्र कोणाकडे सादर करावयाचे

प्रतिज्ञापत्रासाठीचे करण

मुद्रांक विक्री बाबतची नोंदवही क्र.

मुद्रांक शुल्क रक्कम

मुद्रांक विकत घेणाऱ्याचे नाव

व रहिवासी पत्ता

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मुद्रांक विकत घेणाऱ्याची सही

व्ही. एन. केदार
प.क्र. 3701028 तहसिल सगोर, लतूर

— म.म.म. वसुदेव 9/18/24
होमिओपॅथिक मेडिकल कॉलेज
लतूर व होमिओपॅथिक
म.म.म.



ANNEXURE-X

DECLARATION

I, the Principal of the Vasantryo Kale Homoeopathic Medical College & Hospital, Latur 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 teachers information attached in respective Annexure- VI are not working in / at any other College/Institute or presented themselves at any inspection for the Academic Year 2021-2022, as per my knowledge and information provided by the concerned teachers.

The teachers in the **Annexure- VI** 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** 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 20 day of June 2022 at Latur.

Date : 20/06/2022

Place : Latur



Signature of Principal

Name of the Signatory, **Principal**
**Vasant Rao Kale Homoeopathic
Medical College & Hospital M.I.D.C.
Latur**

20 JUN 2022

BEFORE ME


Adv. Ashok D. Lokhande
Advocate & Notary Govt. of India
Latur, Dist.Latur

