

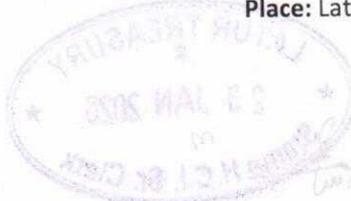
The teachers in the **Annexure - VI (a)** are staying in the same city / town / village where the College / Institute is situated or adjacent to the city / town / village, where the College/Institute is situated and having the valid proof of residence of the said city / town / village. The teachers in 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 day of 24/01/2026 at Latur.

Date: 24/01/2026

Place: Latur



Signature of Principal
Dr. Khamitkar S. C.

Principal
**Vasantao Kale Homoeopathic
Medical College & Hospital M.L.D.C**
Latur

S - MAR 2026

2 - MAR 2026

BEFORE ME

Jyoti B. Sakhare
Adv. & Notary Govt. of India
Latur Dist. Latur

