



महाराष्ट्र MAHARASHTRA

ZC 708546

दस्तावा प्रकार (अनुच्छेद क्रमांक-) _____
 दस्त नोंदणी करणार आताव का ? होय / नाही
 नोंदणी होणार काळाखास दुय्यम निबंधक कार्यालयाचे नांव-चाळीसगाव
 मित्तकर्मि वर्गिन :- _____
 मोधतला सारणव :- _____
 मुद्रांक विकत वेळावरी नाव :- प्राचार्य आशुतोष महाराजपुत्राच्य चिणकिर्तम
 दुसऱ्या वेळावरी नाव :- _____
 हस्तके सारणव वेळावरी नाव व पत्ता :- ए. व्ही. मास्कर हिरेशे
 मुद्रांक विकत रकम :- ₹ 9001/-
 मुद्रांक विकत वेळ व दिनांक :- 203 दिनांक 24/12/22
 मुद्रांक विकत वेळावरी पत्ता :- _____

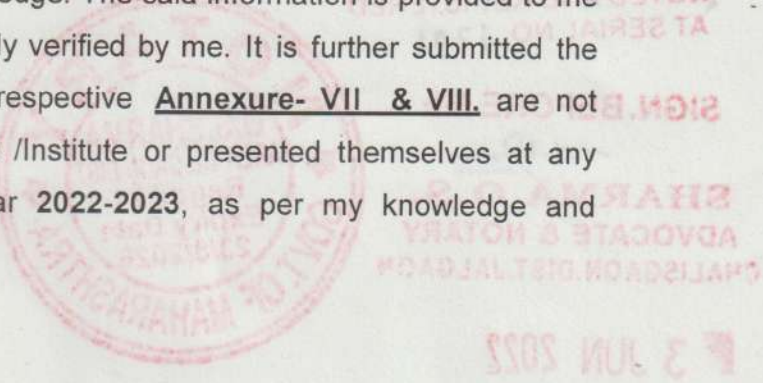
OFFICER, CHALISGAON
 3 APR 2022
 T.O.

क्रमांक. E393.E280

सही - श्री. भिमराव नारायण जाधव
 सा. भऊर, मुद्रांक विक्रेता, चाळीसगांव परवाना क्रमांक 8/2009

DECLARATION

I, the Dean / Director/ Principal of the KDMGs Ayurved Medical College & Hospital, Chalisgaon Dist- Jalgaon, Maharashtra College / Institute solemnly states on affirmation, that the information provided by me in Inspection Format as well as uploaded on College Website alongwith 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- VII & VIII, are not working in / at any other College /Institute or presented themselves at any inspection for the Academic Year 2022-2023, as per my knowledge and



information provided by the concerned teachers. The teachers in the Annexure-VII & VIII 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 Friday of 03 June 2022 at 11.00am

Date : 03/06/2022

Place : Chalisgaon.

Signature of Dean/Principal

Name of Signatory (with Seal of the College / Institute)

PRINCIPAL
KDMG'S SURVEILLOR MEDICAL
COLLEGE AND HOSPITAL,
CHALISGAON, DIST. JALGAON

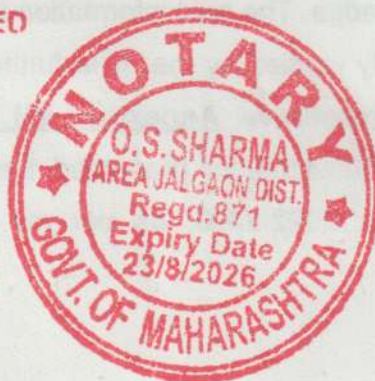


NOTED AND REGISTERED
AT SERIAL NO 1291

SIGN. BEFORE ME

[Signature]

SHARMA O.S.
ADVOCATE & NOTARY
CHALISGAON, DIST. JALGAON



3 JUN 2022