

RASHTRA

2023

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NOTARIAL REGISTRAR

ENTRY NO. 338/23

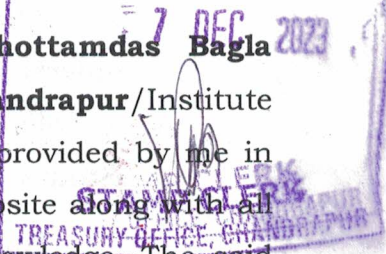
DATE 15.12.23



ANNEXURE - XIII

DECLARATION

I, the Principal of the **Purushottamdas Bagla Homoeopathic Medical College & Hospital, Chandrapur**/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 **2023-2024**, 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.



जोडपत्र - 2

दस्तावेज प्रकार / अनुच्छेद क्रमांक _____
 दस्त बंधणी करणारे आहेत वर _____ **एमडीफा** _____
 नोंदणी होणारे असल्यास _____
 दृश्यम निबंधक कार्यालय वरचे नाव _____
 निळकंठीचे वर्णव _____
 मोवदला रक्कम _____
 मुद्रांक विकत घेणाऱ्याचे नाव **प्रिन्सिपल - पी वी एच मेडिकल कॉलेज** _____
 मुद्रांच्या प्रकाशकाराचे नाव _____
 हस्त अक्षरालाश त्याचे नाव _____
 मुद्रांक शुल्क रक्कम रु. **100/-** पक्षे - **रमेश काळे** _____
 मुद्रांक तिकी जोड वही अन्क _____ दिनांक _____
 मुद्रांक विकत घेणाऱ्याची सही **88209** _____
 देवराव आवळे स्टॅम्प विक्रेता, चंद्रपूर _____
 बुना प.क्र. 1087, 01 न.प.क्र. 4801010 _____

Am

12 DEC 2023

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
 15th day of Dec, 2023 at Chandrapur.

Date : 15-12-2023

Place : Chandrapur



U.V. Madyaswar
Dr. U. V. Madyaswar
 Principal
 P. B. Homoeopathic Medical
 College & Hospital, Chandrapur.

Sworn before me on this 15th day of Dec, 23
 by Shri/Smt Dr. U.V.
 S/o. W/o. D/o. Madyaswar, Principal,
 Residence of P.B.H.M.C. Chandrapur
 Who is personally known to me & who has been
 identified by Shri Self
 Whose Signature is appended here to



K. B. Morey
K. B. Morey
 NOTARY (Govt. of Mah.)
 Reg. No. 1048 P. B. S. Chandrapur (M.S.)