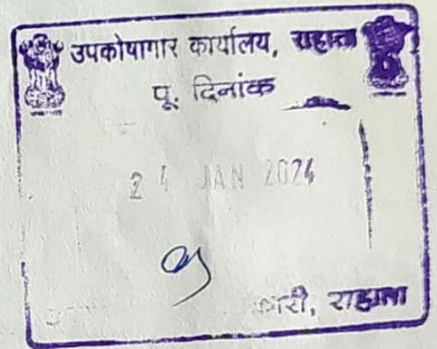




महाराष्ट्र MAHARASHTRA

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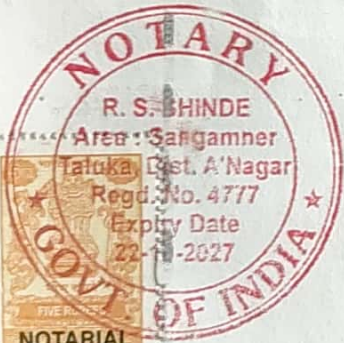


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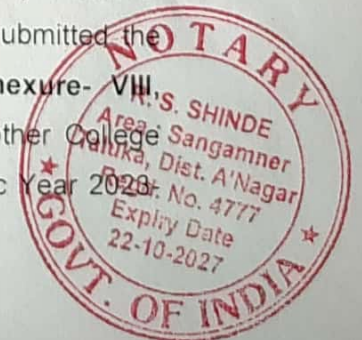
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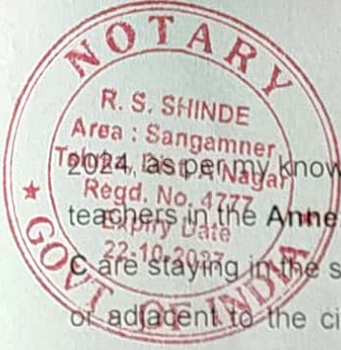
ANNEXURE- XVI

DECLARATION



I, the Dean / Director/ Principal of the Ashvin Rural Ayurved College & Hospital 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 teacher's information attached in respective Annexure- VII, Annexure- VIII, Annexure- XIII-B & Annexure- XIII-C are not working in / at any other College /Institute or presented themselves at any inspection for the Academic Year 2023-24.





2024, as per my knowledge and information provided by the concerned teachers. The teachers in the Annexure- VII, Annexure- VIII, Annexure- XIII-B & Annexure- XIII-C 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, Annexure- VIII, Annexure- XIII-B & Annexure- XIII-C are not practicing in college working hours or out-side the city where the College /Institute is situated.

I am further hereby declaring 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 Wed. day of 07 - Feb - 2024 at Manchi Hill.

Date : 07/02/2024

Place : Manchi Hill.



Signature of ~~Dean/Principal~~ Principal
 Name of the Signatory Ashvi Rural Ayurved College & Hospital
Manchi Hill, Tal. A. Nagar, Dist. Ahmednagar, Pin-413714
 (with Seal of the College / Institute)



IDENTIFIED BY

I do Sware in the name of God/Solemnly affirm that this is my name & Signature (or mark) and that the contents of this my affidavit are true

BEFORE ME

R. S. SHINDE
 Advocate & Notary, Public
 Sangamner, Dist. Ahmednagar

NOTED & REGISTERED
 AT SERIAL NO. 117 /2024
 Date 07/02/2024

THIS DOCUMENT
 CONTAINS 2 PAGES

