



महाराष्ट्र MAHARASHTRA

2023

CC 242163



ANNEXURE-XVI

DECLARATION

(To be prepared on a Stamp Paper of Rs.500 Duly Notarized)

I, ATUL MAGAR the Principal I/C of the YOGESHWARI COLLEGE OF NURSING 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 Annexure is true and correct to my knowledge & Belief. 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-VII & VIII(A) are not working in / at any other College /Institute or presented themselves at any inspection for the Academic Year 2024-2025, as per my knowledge and information provided by the concerned teachers. The teachers in the Annexure-VII & VIII(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-VII & VIII(A) are not practicing in College working hours or outside the City where the College /Institute is

Adv. P. R. Sontakke
Adv. & Notary Govt. of India
Kallam Dist. Osmanabad

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दस्तावेज प्रकरण, अनुच्छेद प्रमाणक
दस्त नोंदणी करणारे आहेत का ?
नोंदणी होणारे असल्यास
द्वयम निबंधक कार्यालयाचे नाव
मिळकतीचे वर्णन मोबदला रक्कम

क२१

मुद्रांक विकत घेणा-याचे नाव जि.ए. १२०२ २०२५ २००२

दुस-या पक्षकाराचे नाव

हस्ते असल्यास त्याचे नाव व पत्ता जि.ए. १२०२

मुद्रांक शुल्क रक्कम 500/-

मुद्रांक विक्री नोंद वही

अनुक्रमांक ११०२ दिनांक २०/०२/२५

मुद्रांक विकत घेणा-याची सही

परवाना धारक मुद्रांक विक्रेत्याची सही
व परवाना क्रमांक
तसेच मुद्रांक विक्रीचे ठिकाण व पत्ता
ज्या कारणासाठी ज्यांनी मुद्रांक खरेदी केले त्यांनी
त्याच कारणासाठी मुद्रांक खरेदी केल्यापासुन 6 (सहा)
महिन्यात वापरणे बंधनकारक आहे.

१००२

जे.ए.
ज.ए.आर.
मुद्रांक विक्रेता कळव
3503008



situated.

Infrastructure Required as per MSR and Indian Nursing Council Norms is available and we have own building for Nursing Institute or Required Specified Constructed Area as per Norms Laid by Authorities for College and Hostel as per Intake capacity and further No Other Nursing Colleges Running in Same campus or In Same Building

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 THURSDAY day of 20/02/2025 At

Date :20/02/2025

Place:DIKSAL KALLMAB

Signature of Principal

Name of the Signatory- ATUL MAGAR

BEFORE ME

Adv. P. R. Sontakhe
Advocate & Notary Govt. of India
Kallam Dist. Dahanu

Date: 20/02/2025

Atul
PRINCIPAL
Yogeshwari College of Nursing
Diksal, Tal. Kallam, Dist. D.