



महाराष्ट्र MAHARASHTRA

2023

81AA 750717

प्रधान मुद्रांक कार्यालय, मुंबई  
प.मु.वि.क्र. ८०००२४  
30 NOV 2023  
सक्षम अधिकारी

**DECLARATION**

श्रीमती सुषमा चव्हाण

I, the Dean/ Director/Principal of the..... 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 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 that the teachers information attached In respective Annexure-.....&..... Are not working in/ at any other college/ Institute or presented themselves at any inspection of the Academic Year 20.....-20....., as per my knowledge and information provided by the concerned teachers. The teachers in the Annexure-..... &..... Are staying in the same city/ town/ village where the college/ Institute is situated of adjacent to the city/town/ village, where the college/ institute is situated and having the valid proof of residences of the said city/ town/ village.  
The teachers in the Annexure-..... &..... are not practicing in college working hours or out-side the City where the college/ Institute is situated.

जोडपत्र - २ Annexure - II

दस्तावा प्रकार	
दस्त नोंदणी करणार आहेत का ?	YES/NO
मिळकतीचे दर्जा -	NAIR HOSPITAL DENTAL COLLEGE
मुद्रांक विक्रीचे ठिकाण -	DR. A. L. NAIR ROAD,
दुसऱ्या मुद्रांकारचि जाच	MUMBAI CENTRAL,
हस्ते असल्यास त्याचे नाव व पत्ता	MUMBAI-8.
मुद्रांक शुल्क रक्कम	MUSH, Mashtik
मुद्रांक विक्री मॉड वही अनु. क्रमांक/दिनांक	537
मुद्रांक विक्री घेण्याची सही	
मुद्रांक विक्री घेण्याची सही	डी. डी. पाटील
परवाना क्रमांक : ८००००२४	
मुद्रांक विक्रीचे ठिकाण/पत्ता : दि. बोम्बे मेट्रोपोलिटन मॅजिस्ट्रेट्स ऑफ दिस ऑनोलेरेशन	
एस्प्लेनेटिव्ह कोर्ट, महापालिका मार्ग, मुंबई - ४०० ००९.	
ज्या कारणासाठी ज्यांनी मुद्रांक खरेदी केला त्यांनी त्याच कारणासाठी	
मुद्रांक खरेदी केल्यापासून ६ महिन्यात वापरणे बंधनकारक आहे.	

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 teachers. 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..... 20..... at.....

Date :-----

Place:-----

*AAJ*  
18/12/23

Signature of Dean/Director/Principal  
Name of the Signatory-  
( With Seal of the College/ Institute )



**DECLARATION**  
**(To be prepared on a Stamp Paper Rs.100)**

I, the Dean / Director / Principal of the ..... 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 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 that the teachers information attached in respective **Annexure- .... & ....** are not working in / at any other College / Institute or presented themselves at any inspection for the Academic Year 20.....-20....., as per my knowledge and information provided by the concerned teachers. The teachers in the **Annexure- .... & ....** 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- .... & ....** are not practicing in College working hours or out-side the City where the College / Institute is situated.

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This declaration is voluntarily signed by me on ..... day of .....20..... at.....

Date: .....

Place: .....

*AA J. S.*  
18/11/23.

Signature of Dean/Director/Principal

Name of the Signatory-

(With Seal of the College / Institute)