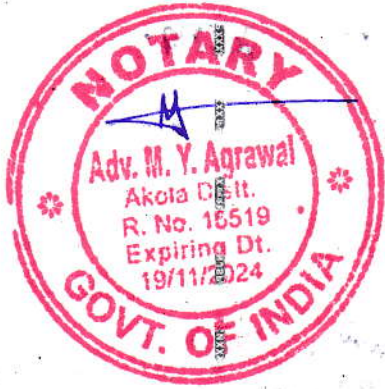


महाराष्ट्र MAHARASHTRA

2022

35AA 992902

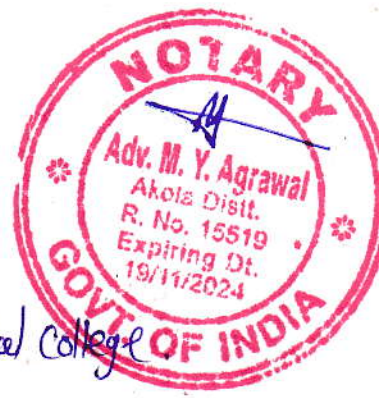


DECLARATION

I, the Principal of the **Homoeopathic Medical & Hospital College, Akot – Road, Akola.** / 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 **2023-24**, 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.

जोड़पत्र - १

| |
|--------------------------------------------------------------------------------------|
| फरक प्रतिज्ञापत्रासाठी (अनुच्छेद-४) |
| प्रतिज्ञापत्र कोणत्याही सादर करताय्याचे |
| प्रतिज्ञापत्रासाठी कारण - |
| मुद्रांक विकत घेणाऱ्याचे नांव व रहिवासी पत्ता Principal Homoeopathic medical college |
| मुद्रांक घेऊन वाचत घेऊन नोंदवही अनु.क्रमांक/दिनांक through Ramlal Ladda. |
| Y. G. Agrawal Lic. No. 6/86 |
| 6809 18-B-2023 |
| मुद्रांक विकत घेणाऱ्याची सही |



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 8th day of H, 20.23 at Akola.

Date: 8/4/23

Place: Akola



Signature of Principal *D. S. P. Tiwari*
 Name of the Signatory- D. S. P. Tiwari
 Principal
 H. M. C.
 Akot Road, Akola
 (with Seal of the College / Institute)



Certified that this document / Affidavit contains Pages From 1 to two only.

do swear in the name of God Solemny Affirm that this is my name and Signature or (Marks) and that the contents of this affidavit are true and correct

D. S. P. Tiwari

(Signature of Deponent after attestation)

Adv. Mayur Y. Agrawal
 NOTARY 8/4/2023
 GOVT. OF INDIA - Reg.No.15519
 Behind Vitthal Mandir, Old City, AKOLA
 Dist.AKOLA (M)