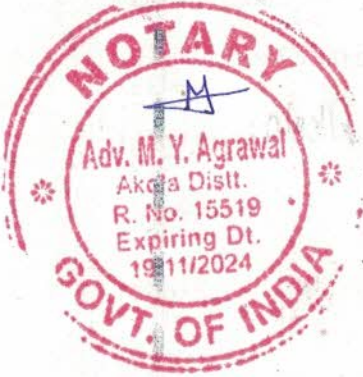




महाराष्ट्र MAHARASHTRA

2022

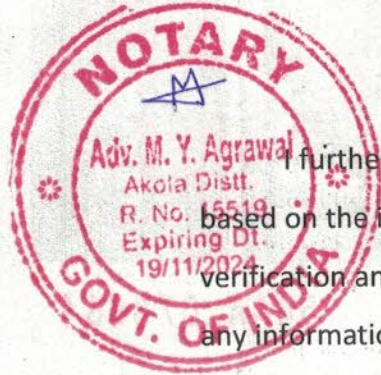
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DECLARATION

I, the Principal of the Homoeopathic Medical College & Hospital, Akot – Road, Akola. /Institute solemnly states on affirmation that the information provided by me in Inspection Format as well as uploaded on College Website alongwith 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 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 **2024-25**, 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.

फक्त प्रतिज्ञापत्रासाठी (अनुच्छेद -4) -	
प्रतिज्ञापत्र कोणाकडे सादर करावयाचे -	महाराष्ट्र आरोग्य विज्ञान विद्यापिठ नाशिक
प्रतिज्ञापत्रासाठीचे कारण -	
मुद्रांक विकत घेणा-याचे नाव व रहिवासी पत्ता	होमीयोपैथिक मेडीकल कॉलेज अकोला
हस्ते असल्यास त्याचे नाव व पत्ता -	नर्फे रामलाल लड्डे
मुद्रांक विकी बाबतची नोंदवही अनु.कमांक/दिनांक	46237 - 12/12/23
Y.G AGRAWAL LIC NO 6/86,Akola	गुद्रांक विकत घेणा-याची 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 30 day of 12.....2023 at Akola.

Date : 30/12/23

Place : Akola



Signature of Principal

Name of the Signatory-

(with Seal of the College / Institute)

Dr. Sanjaykumar U. Tiwari
PRINCIPAL
Homoeopathic Medical College
Akot Road, AKOLA



Certified that this document
Affidavit contains Pages
From 1 to Two only

Adv. Mayur Y. Agrawal
NOTARY 30/12/2023
GOVT. OF INDIA - Reg.No.15519
Behind Vitthal Mandir, Old City, AKOLA
Dist.AKOLA (M)