



महाराष्ट्र MAHARASHTRA

● 2022 ●

08AA 139161



### DECLARATION

I, the Dean / Director/ Principal of the Manwatkar 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 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- VII are not working in / at any other College /Institute or presented themselves at any inspection for the Academic Year 2023 - 2024, as per my knowledge and information provided by the concerned teachers. The teachers in the Annexure- VII 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 are not practicing in College working hours or out-side the City where the College /Institute is situated.

जोड़पत्र -2

Agreement

दस्तावेज प्रकार / अद्योतक प्रकार \_\_\_\_\_  
 दस्त वेदिका / अद्योतक वेदिका \_\_\_\_\_  
 नोंदणी क्रमांक / अद्योतक क्रमांक \_\_\_\_\_  
 दुर्यास निर्देश / अद्योतक निर्देश \_\_\_\_\_  
 मिळवता/धरता \_\_\_\_\_  
 मोठवरा / अद्योतक \_\_\_\_\_  
 नुसका विवरण / अद्योतक विवरण \_\_\_\_\_  
 दुसऱ्या पक्षाचा नाव / अद्योतक नाव \_\_\_\_\_  
 हस्ताक्षर / अद्योतक \_\_\_\_\_  
 मूल्य / अद्योतक \_\_\_\_\_  
 नुसका क्रमांक / अद्योतक क्रमांक \_\_\_\_\_  
 नुसका दिनांक / अद्योतक दिनांक \_\_\_\_\_  
 नुसका ठिकाण / अद्योतक ठिकाण \_\_\_\_\_  
 वेळापत्र / अद्योतक वेळापत्र \_\_\_\_\_  
 जुला १५, १९८१, ०७ व.प.क्र. ४८०१०१

Spandan Shikshan Mandee

100/-

92959

4 JAN 2024


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 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 04<sup>th</sup> day of Jan 2024 at Chandrapur.

Date :- 04-01-2024

Place : Chandrapur



  
 Signature of \_\_\_\_\_  
 Dean/Principal Name of \_\_\_\_\_  
 the Signatory- \_\_\_\_\_  
 (with Seal of the College / Institute)  
**Principal**  
**Manvatkar College of Nursing**  
**Ghodpeth, Chandrapur.**