

महाराष्ट्र MAHARASHTRA

2024

CZ 163365

दस्तावेजा प्रकार/ अनुच्छेद क्रमांक :- Declaration

दस्त नोंदणी करणार आहेत का? होय/ नाही

नोंदणी होणार असल्यास मुख्यम निबंधक कार्यालयाचे नाव

मुद्रांक विक्रेत्याचे नाव - सौ. शिवा सुकुमार कल्याण रा जयसिंगपूर

कोड नं. २६१२०२५, प. क्र. २०/१२१०, ठिकाण-प्लॉट नं. ३३ यशवंत हो. सोसा. जयसिंगपूर

मुद्रांक विक्री अ. क्र. :- १८५४ दिनांक :- 07 FEB 2025

मुद्रांक शुल्क किंमत रुपये 500/-

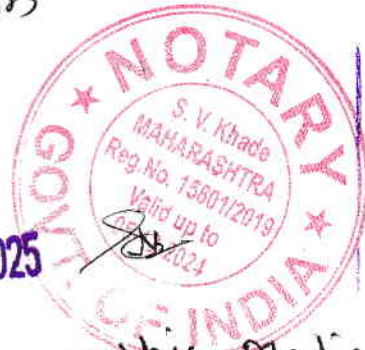
मुद्रांक विकत घेणाऱ्याचे नाव - Late Mrs. Housabai Homoeopathic Medical College, Nimshirgaon

दुसऱ्या पक्षकाराचे नाव - MUHS Nashik

हस्ते असल्यास त्याचे नाव व पता: Roshan H. Kamble, Kutwad

मिळकतीचे वर्णन.

टीपणऱ्याचे रूपरे :-



07 FEB 2025

SUB-TREASURY OFFICER
SHIROL

मुद्रांक विक्रेत्याची सही

मुद्रांक विकत घेणाऱ्याची सही

ज्या कारणासाठी ज्यांनी मुद्रांक खरेदी केला त्या
त्याच कारणासाठी मुद्रांक खरेदी केल्यापासून
महिण्यात वापरणे बंधनकारक आहे.

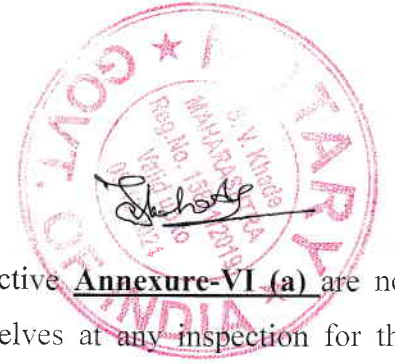
ANNEXURE-XIII

DECLARATION

I, the Principal of the Late Mrs. Housabai Homoeopathic Medical College & Hospital, Nimshirgaon / 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.

No. of Corrections
on this page

Nil




It is further submitted the teachers information attached in respective Annexure-VI (a) are not working in / at any other College / Institute or presented themselves at any inspection for the **Academic Year 2025-2026**, as per my knowledge and information provided by the concerned teachers. The teachers in the Annexure- VI (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-VI (a) are not practicing in College working hours or out-side the City where the College /Institute are situated.

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 31th day of January 2025 at Nimshirgaon.

Date: 08/02/2025

Place: Nimshirgaon


Signature of Principal

Name of the Signatory-

(With Seal of the College/ Institute)

Dr. Mrs. Shubhangi S. Magdum

Principal

**Late Mrs. Housabai Homoeopathic
Medical College & Hospital, Nimshirgaon**

No. of Corrections
on this page

Nil



REGISTERED & NOTED
AT SERIAL NO. 357.
DATE 08/12/2025

No. of Corrections
on this page Nil.

Signed Before me

Khade Supriya Vipin

Advocate & Notary Public (Govt. of India)
Reg. No. 15801 / 06-12-2019 Valid up to 05-12-2024
JAYSINGPUR, DIST. KOLHAPUR-416101

