



महाराष्ट्र MAHARASHTRA

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एस.एस. खेत्रे  
स्टॅम्प केंद्र हायकोर्ट  
मुंबई परवाना क्र. 3101073  
छत्रपती संभाजीनगर

05 JUN 2023

कोणाकरिता डॉ. बा. द. कांबळे साहू, गिरगा

हस्तें डॉ. डी. इ. इ. कांबळे

*[Signature]*

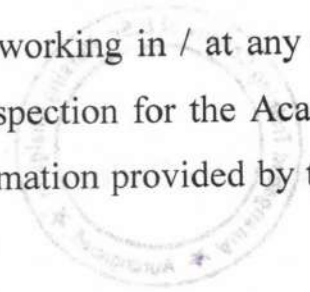
क प्रमुख शिक्षक  
को.अ. औरंगाबाद

ANNEXURE-XIII

DECLARATION

(To be prepared on a Stamp paper Rs.100)

I, the Dean / Director / Principal of the Shiva Trust's Aurangabad Training College Nursing, Bhalgaon, Aurangabad 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-... & .... Are not working in / at any other College / Institute or presented themselves at any inspection for the Academic Year 2022-2023, as per my knowledge and information provided by the concerned teachers. The





teachers in the Annexure- .XII & .... Are staying in the same city / town / village where the College / Institute are situated or adjacent to the city / town / village, where the College / Institute are situated and having the valid proof of residence of the said city / town / village. The teachers in the Annexure- .XII & .... Are not practicing in College working hours or out-side the City where the College / Institute are situated.

I am further hereby declaring 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 voluntary signed by me on .... Day of .....20.23.. at Shiva.....Trust's, Aurangabad Training College of Nursing, Bhalgaon, Aurangabad.

Date: .....10/06/2023

Place: .....Aurangabad.

Prof. Ruda George Stephen

Name of the Signatory-

Signature of Dean/Principal

Principal  
Aurangabad Training College of  
B.Sc. Nursing Bhalgaon, Aurangabad.

(With Seal of the College/Institute)

