



महाराष्ट्र MAHARASHTRA

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85AA 264926

29 JAN 2024

क्र. 529344 दि. म.श. रकम:

वस्तुचा प्रकार: **AFFIDAVIT**

दस्त नोंदणी करणार आहेत का: होय / नाही

मुद्रांक विकत घेणाऱ्याचे नाव: मनीषा संघवी

पत्ता: शिवाजीनगर पुणे

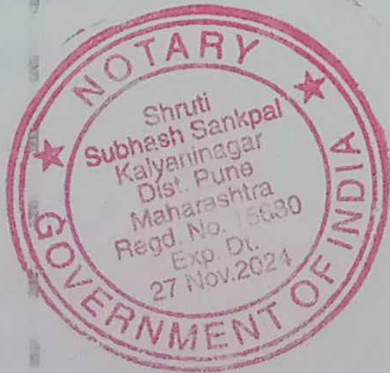
दुसऱ्या पक्षकाराचे नाव:

हस्त व्यक्तीचे नाव व पत्ता: जिलेशा दांडे पुणे

29 JAN 2024

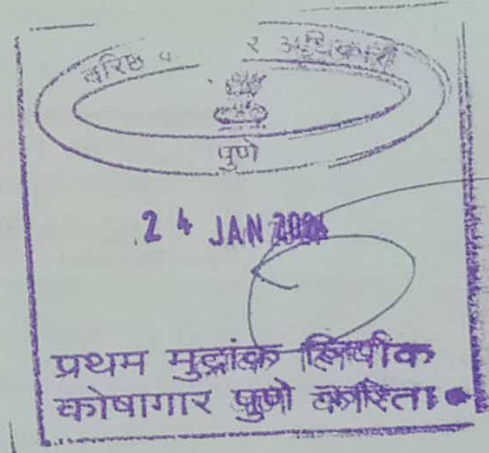
सी. सुचेता मुहाम्मद शेजाडे
परवाना क्र. २२०११३८

मुद्रांक विकत घेणाऱ्याची सही ५३२/२, बुधवार पेठ, पुणे, २
ज्या कारणासाठी ज्यानी मुद्रांक खरेदी केला आहे त्याच कारणासाठी
मुद्रांक खरेदी केल्यापासून ६ महिन्यात वापरणे बंधनकारक आहे.



ANNEXURE- XIII

DECLARATION



DECLARATION

I, the Dean / Director/ Principal of the **Sancheti Institute of Nursing Education** 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- VI & 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- VI & 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- VI & VII** are not practicing in College working hours or out-side the City where the College /Institute is situated.

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

Date: 09/ 01/2024

Place: Pune

(Handwritten Signature)
 Signature of Dean/Principal
 Name of the Signatory
 Manisha Sanghavi



ATTESTED
(Handwritten Signature)
 Shrutl Subhash Bankpe
 ADVOCATE & NOTARY
 GOVERNMENT OF INDIA

09 JAN 2024