

# **ANNEXURE-XVI**

Declaration by the Dean / Principal of the College / Institute  
(Hard copy of this Annexure must be submitted to the University).

ANN-



महाराष्ट्र MAHARASHTRA

2025

ES 253521

27 JAN 2026  
म. नं. 1704695 म. नं. रकम 500/-

दस्तावेजाचा प्रकार: **AFFIDAVIT**

दस्त नोंदणी करणार आहेत का: होय / नाही  
मुद्रांक विकत घेणाऱ्याचे नाव: Sancheti Institute of Nursing Education  
Shivajinagar, Pune-411005

पत्ता: .....

दुसऱ्या पक्षकाराचे नाव: .....

हस्त न्यक्तीचे नाव व पत्ता: R. Changediya Pune

27 JAN 2026

सी. सुचेता सुहास देशपांडे  
परवाना क्र. २२०१११८

मुद्रांक विकत घेणाऱ्याची सही ५६२/२, बुधवार पेठ, पुणे, २

न्याय कारणासाठी ज्यांनी मुद्रांक खरेदी केला आहे त्याच कारणासाठी

बदाक खरेदी केल्यापासून ६ महिन्यात वापरणे बंधनकारक आहे

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 Annexure is true and correct to my knowledge & Belief. The said information is provided to me by the concerned teachers and duly verified by me. It is further submitted the teacher's 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 2025-2026 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.

Infrastructure Required as per MSR and Indian Nursing Council Norms is available and we have own building for Nursing Institute or Required Specified Constructed Area as per Norms Laid by Authorities for College and Hostel as per Intake capacity and further No Other Nursing Colleges Running in Same campus or In Same Building

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 voluntarily signed by me on 09<sup>th</sup> day of February 2026 at Pune

Date: - 09/02/2026

Place: Shivaji Nagar, Pune

Signature *Jyoti Pathare*  
Mrs. Jyoti Pathare  
09/02/2026



IDENTIFIED BY  
*Gayatri*  
ADVOCATE

**BEFORE ME**  
*MN*  
**MANGALA N. WAKHARE**  
ADVOCATE & NOTARY  
GOVERNMENT OF INDIA  
09 FEB 2026

