



महाराष्ट्र MAHARASHTRA ० 2023 ० 78AA 086604

05 JUN 2024

ATQ/SIQ/CLK

मुद्रांक विक्रत घेणाऱ्याची मंत्री
परवानाधारीक मुद्रांक विक्रीत्याची सही व
परवाना क्रमांक तसेच मुद्रांक विक्रीचे ठिकाण/पत्ता

शंभू गुरुव
मुद्रांक विक्रीक्या अखत्यारीक अकराव्यांक, मंत्री अंत.
पारवाना क्र. ४१११९ कोड म. ४४०१०१

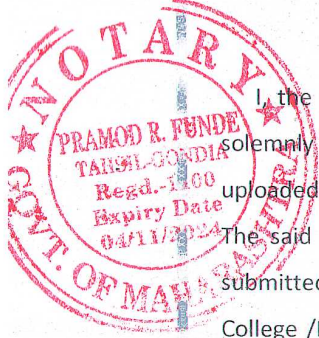
Handwritten signatures and dates: 08/25/24, 01/19/24, 06/10/2024

Registered No. 394
Dated 06/10/2024

ANNEXURE- XIII

DECLARATION

I, the Principal of the **Gondia Homoeopathic Medical Colloeg & Hospital, Gondia 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** are not working in / at any other College /Institute or presented themselves at any inspection for the Academic Year 2024-2025, as per my knowledge and information provided by the concerned teachers. The teachers in the **Annexure-VI** are staying in the same city / town / village where the College / Institute is situated or adjacent to the city /



Pramod R. Funde
PRAMOD R. FUNDE
NOTARY
Tah-Gondia, Dist. GONDIA
Maharashtra - 441001

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 are not practicing in College working hours or out-side the City where the College /Institute is 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 day of20..... at.....

Date : 06 Jan 2024

Place : Gondia

Signature of Principal Name of the Signatory-

(with Seal of the College / Institute)
Principal
Gondia Homoeopathic
Medical College & Hospital
GONDIA-441614



BEFORE ME

P. Funde
06/01/2024

PRAMOD R. FUNDE

NOTARY

Tah-Gondia, Dist. GONDIA
Main Road, Gondia - 441601