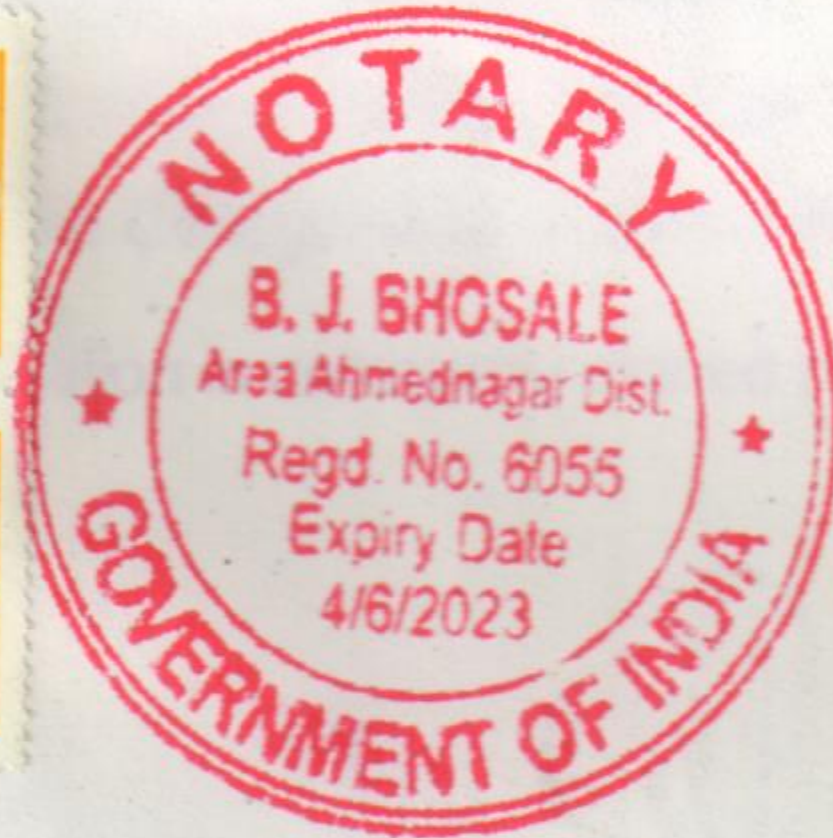




महाराष्ट्र MAHARASHTRA

2022

35AA 038601



**DECLARATION**

*Shankar*  
NOTED & REGISTERED  
AT SERIAL NO. 395/2023  
18 JUL 2023

I, the Dean / Director/ Principal of the **Shivanjali College of Nursing, Pachegaon**. 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 1 day of July 2023

Date: 01/07/2023

Place: Pachegaon

*Shinde RR.*

**Principal**

Shivanjali College of Nursing

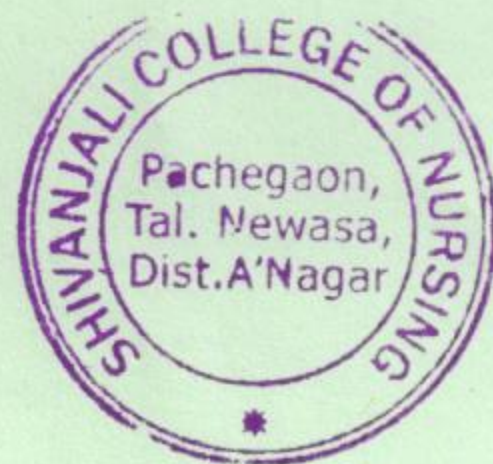
V/p. Pachegaon, Tal. Newasa,

Dist. Ahmednagar

Signature of

Dean/Principal

Name of the Signatory-



(With Seal of the College / Institute)



BEFORE ME

*[Signature]*

