



महाराष्ट्र MAHARASHTRA

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ZN 802232

मुद्रांक शुल्क १००/५०० दस्ताचा प्रकार

दस्त नोंदणी करणार असल्यास कार्या.नांव-

मु.वि.धेगाण्यांचे नांव

मु.नोंदणीची क्र.

०५६८

अ. नगर होमिओपॅथिक कोलेज  
कोरडवाडी

दि ११/३/२०२२



जे. ए. व. कांबळे, अ. नगर, हस्ते हस्ताक्षरित  
परवाना क्र. २/५९९६, मो. ९८२२९८२९३०  
ज्या कारणासाठी मुद्रांक खरेदी केला त्याच कारणासाठी व  
सहा महिन्यांच्या अंतर्गत शपथ घेणे बंधनकारक आहे.



ANNEXURE- X

**DECLARATION**

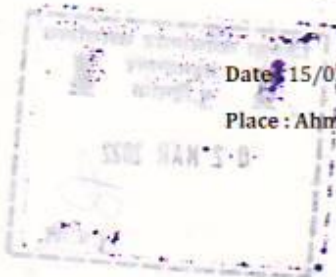
(To be prepared on a Stamp Paper Rs.100)

I, the Principal of the Ahmednagar Homoeopathic Medical College, Ahmednagar. College / Institute solemnly states on affirmation, that the information provided by me in Inspection Format as well as uploaded on College Website alongwith 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 2022-2023, 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 / 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 **15** day of **March** 2023 at Ahmednagar.



Date: 15/03/2023

Place : Ahmednagar



*[Handwritten Signature]*  
**PRINCIPAL**  
**Ahmednagar Homoeopathic**  
**Medical College**  
Name of the Signatory -  
Ahmednagar  
(with Seal of the College /  
Institute)