



महाराष्ट्र MAHARASHTRA

2023

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पत्रांक विक्री नोंदवही अ.क्र.

पत्रांक शुल्क रक्कम

पत्रांक विकत घेणाऱ्याचे नांव

हस्ता, असत्यास नाच व पत्ता
परवानाधारक मुद्रांक विक्रेत्याचा

प.क्र. ३००९००९

मुद्रांक विक्रेत्याचे ठिकाण /

पत्ता : एम.एल.मुळे,

दुय्यम निबंधक कार्यालय नं. १ लातूर

पत्रांक विकत घेणाऱ्याची

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पत्रा. क्र. 32940 दि. 22/12/2023
व्य. ल. यु. मुळे



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DECLARATION

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

ANNEXURE-XIV

ANNEXURE- XIII

I, the Dean / Director/ Principal of the **Maharashtra Institute of Nursing Sciences Latur**. 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 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- VII & VIII** 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- VII & VIII** 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- VII & VIII** 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 23rd day of January 2024 at 10 am

Date : 23/01/2024

Place : Latur



Signature of Dean/Principal

Name of the Signatory

(Prof. Saravanan S.S)

(with Seal of the College / Institute)

Principal
M.I.N.S.College of Nursing
LATUR-413 531