

महाराष्ट्र MAHARASHTRA

2024

CY 854174

प्रतिज्ञापत्र कोणाकडे सावर कसदयाचे DRK
प्रतिज्ञापत्रासाठीचे कारण
मुद्रांक विक्री वास्तवी नोंदवही क्र. 102590 र. 31-1-2025
मुद्रांक शुल्क रक्कम 500
मुद्रांक विकत घेणाऱ्याचे नाव वाणिज्य अहवाल
व रहिवासी पत्ता

LATUR TREASURY
29 JAN 2025
Stamp H.C.I. Sr. Clerk

[Signature]

व्हि. एम. केदार
प.क्र. 3701028 तहसिल लतूर, सातप

NOTARY
ADV.P.V.KALURE
LATUR
DIST.LATUR
Reg.No.5947
Exp.DL22/03/2028
GOVT.OF INDIA

प्रमाणित एम. अश्व एन एनएस कॉलेज सावर कसदयाचे ANNEXURE-XVI

DECLARATION

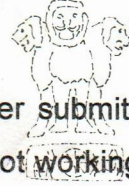
(To be prepared on a Stamp Paper of Rs.500 Duly Notarized)

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 my knowledge & Belief. The said information is provided

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

ADV.P.V.KALURE
Notary Govt. of India
Latur Dist.Latur
Reg.No.5947

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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 **2025-2026** 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.

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.

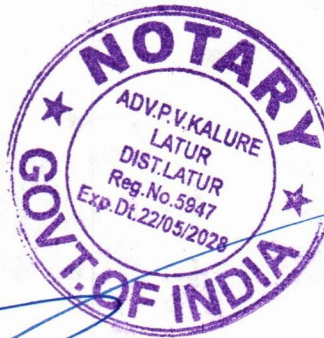
I am further hereby declare that every information or contents in this Inspection format is based on the information provided by the concerned teachers and endorsed by me after due verification and the same is/are absolutely true and correct. If at any stage it is revealed that any information or content 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 31st day of January 2025 at 10 am

Date: 31 /01/2025

Place : Latur

31 JAN 2025
BEFORE ME



Adv. P.V. Kalure
Notary Govt. of India
Latur, Dist. Latur
Mob No 7058620583

Signature of Dean/Principal
Name of the Signatory
(Prof. Saravanan S.S)

(With Seal of the College / Institute)

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