



महाराष्ट्र MAHARASHTRA

2022

46AA 667655

26 APR 2023



Sub-Treasury Officer,
Vasai.
06 APR 2023
Sub-Treasury Officer,
Vasai.

06/4/23

ANNEXURE- XIII

DECLARATION

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

I, the Principal of the **KEMT's Virar Homoeopathic Medical College & Hospital** 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 **2023-2024**, as per my knowledge and information provided by the concerned teachers. The teachers in the **Annexure-VI** are staying in the same

26 APR 2023

जोडपत्र-१ / Annexure I

फक्त प्रतिज्ञापत्रासाठी

प्रतिज्ञापत्र कोणाकडे सादर करावयाचे..... प्रतिज्ञापत्राचे नमुद प्रमाणे
प्रतिज्ञापत्रासाठीचे कारण.....
मुद्रांक विकत घेणाऱ्याचे नाव व पत्ता..... KONKAN EDUCATION & MEDICAL TRUST'S
मुद्रांक विक्री अ. क्र. १३३..... VIRAR HOMOEOPATHIC MEDICAL COLLEGE & HOSPITAL
मुद्रांक विकत घेणाऱ्याची सही..... NARANGI BYPASS ROAD, VIRAR (EAST).
परवानाधारक मुद्रांक विक्रेत्याची सही..... TAL: VASAI, DIST: PALGHAR, PIN: 401305
सो. देवयानी ओ. तांडेल. परवाना क्र. १२०२००६
ठिकाण : विरार, ता. वसई, जि. पालघर.
* मुद्रांक खरेदी केल्यापासून त्याच कारणासाठी ६ महिन्यात वापरणे बंधनकारक आहे.*

26 APR 2023

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 day of20..... at.....

Date : 03/06/2023
Place : Virar (E)

Signature of Principal Name of the Signatory-
(with Seal of the College / Institute)

PRINCIPAL
KONKAN EDUCATION & MEDICAL TRUST'S
VIRAR HOMOEOPATHIC MEDICAL COLLEGE & HOSPITAL
NARANGI BYPASS ROAD, VIRAR (EAST).
TAL: VASAI, DIST: PALGHAR, PIN: 401305.