



महाराष्ट्र MAHARASHTRA

2022

33AA 411216

दि. 23/5/2023 दि. 21/5/2023

प्राचार्य होमिओपैथिक मेडि. कॉलेज
ता. शिरपुर
जिल्हा धुळे

सौ. प्रतिभा विलास धाकडे
स्टॅम्प वेंडर, शिरपुर, जि. धुळे
परवाना क्र. 42060096



30 MAY 2023

JG

उप. अधिकारी
शिरपुर, जि. धुळे.

ANNEXURE-XIII

DECLARATION

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

I, the Principal of the KDMG's Homoeopathic Medical College & Hospital Shirpur Dist. Dhule 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-
I 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 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 : 12/06/2023

Place : Shirpur



Signature of Principal

Name of the Signatory- Dr. P. B. Limbekar

(with Seal of the College / Institute)

PRINCIPAL
KDMG'S HOMEOPATHIC MEDICAL COLLEGE
& HOSPITAL, SHIRPUR, DIST-DHULE