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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 : 11/9/2022

Place : Shirpur

Signature of Principal

Name of the Signatory- Dr. Pralhad Bhagwan Limbekar
(with Seal of the College / Institute)

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



NOTED & REGISTERED
Sr No 1253/2022
Date 11/9/2022
BEFORE ME

NOTARY
Adv Yawara, Thothan
NOTARY (R No 9130)
Office Police Station Road
Court Shopping, Shirpur
Dist. Dhule 425 405 (MS)
Mo 9422287301

