



महाराष्ट्र MAHARASHTRA

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68AA 423335

प्रासादी (अनुष्ठान-४)

दरिंजापत्र कोणाकडे साठर करावयावे :

प्रतिप्राप्तीचे कारण

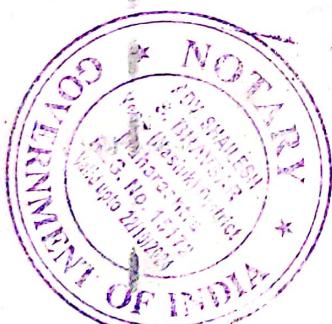
६ संक्षिप्त धेयावली तात्त्व इ प्रश्ना

ପାତା ୧୫

• ~~21/22~~ 17/18 ମୁହୂର୍ତ୍ତ ବିଷୟ ପରିବାର ବିଷୟ
• ମାତ୍ରମେ କୀଟ ପରିବାର

पद्मांक विरुद्ध घेणान्याची राही

दित्तग सुरेश पट्टणी
मुद्राक यित्तेता
प. १०८ (१०८)



ANNEXURE- XIII

DECLARATION

I, Prof. Sunil Deoram Phanase, the Dean / Director/ Principal of the **Sai Siddhi College of Nursing, Paregaon, Tal- Yeola, Dist- Nashik 423401**, 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-VI & VII are not working in / at any other College /Institute or presented themselves at any inspection for the Academic Year 2024-25, as per my knowledge and information provided by the concerned teachers.

The teachers in the Annexure-VI & VII 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 & VII 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 ...1... day of Feb ...2026.. at Yeola

Date : 01/02/2024

Place :Yeola



Signature of Dean/Principal

Name of the Signatory- Mr. Sunil D. Patil
(with Seal of the College / Institute)

PRINCIPAL

SAI SIDDHI COLLEGE OF NURSING,
Paregaon, Yeola, Dist.Nashik - 423401

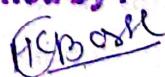


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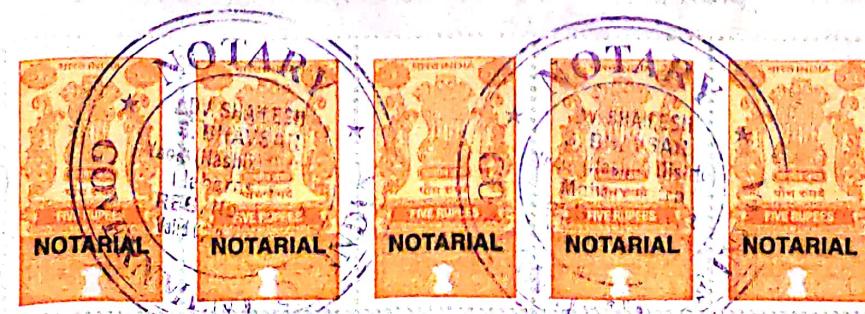
NOTARY	
NOTED & REGISTERED at Serial No. <u>2112026</u>	
Date:- <u>1/2/2024</u>	
THIS DOCUMENT Contains <u>2</u> Pages.	

BEFORE ME	
<u>SHAIKSH SHRIKAR BHAVSAR</u> Advocate & Notary, Govt. of India H.No. 2603, Kala Maruti Road, Yeola, Tal. Yeola, Dist. Nashik (Maharashtra)	

Parties are
Identified by :-



Borse Hanumant Kashira



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