



महाराष्ट्र MAHARASHTRA

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78AA 177018

जन्मक्रमांक 3000... दिनांक 21/09/2023... रुपये 2000..

मुद्रांक कोषाखत्या कारणासाठी वापरण्याचा आहे.....

मुद्रांक मुद्रांक अधिनियम 1957 चे अनुच्छेद क्र. 4(1)(ग).....

मुद्रांक वापरण्याचा संपूर्ण नाव.....

संपूर्ण पत्ता.....

हात ध्यक्तीचा संपूर्ण नांव.....

पत्ता.....

समीर मुन्गावडे
सातारा


(श्री दिपक रामचंद्र तावरे)

न. 269 सीमदार पट, सातारा,

प. क्र. 5 नि. क्र. सातारा क्र. 9

मुद्रांक विक्रेता

मुद्रांक धारकाची/हस्ते व्यक्तीची सही

TREASURY OFFICE SATARA

27 OCT 2023
STAMP HEAD CLERK

DECLARATION

I, the Dean / Director/ Principal of the **Mahalaxmi College of Physiotherapy & Rehabilitation Center, Raigaon, Satara** 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 Annexure 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- VII & VIII** are not working in / at any other College /Institute or presented themselves at any inspection for the Academic Year 2024-2025, 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

I am further hereby declaring 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 13 day of January 2024 at Satara

Date : 13/01/2024

Place : Raigaon, Satara

Signature of Dean/Principal
Principal
Name of the Signatory
Mahalaxmi College of Physiotherapy
(With Seal of the College / Institute)
and Rehabilitation Center
Raigaon, Satara.