



महाराष्ट्र MAHARASHTRA

2019

VU 378451

उपकोषागार कार्यालय, संगमनेर



पुणेठा दिनांक

17 FEB 2020

उपकोषागार अधिकारी, संगमनेर



मुद्रांक विक्री बाबतची नोंद वही अनुक्रमांक २४९३८ दिनांक २८/२/२०२०

प्रतिज्ञापत्रासाठीचे कारण

दस्तावा प्रकार/नोंदणी करणार आहेत का

गिळकतीचे वर्णन

मुद्रांक विकत घेणाऱ्याचे नांव व रहिवासी पत्ता

हस्ते असल्यास नाव व पत्ता

मुद्रांक विकत घेणाऱ्याची सही

परवानाधारक मुद्रांक विक्रेत्याची सही

व परवानाधारक तसेच मुद्रांक विक्रीचे ठिकाण/पत्ता-

वामनराव इथापे होमिओपॅथिक
मेडीकल कॉलेज अँड हॉस्पिटल
संगमनेर त. व.प. योगेश

श्री. नितीन विवाजी कुमठेकर
(मु.वि.प.क्र. १०४७१/१८)
१६३५, विश्वास झेरॉक्स, संगमनेर

ANNEXURE - X

DECLARATION

I, the Principal of the Vamanrao Ithape Homoeopathic Medical College & Hospital, Sangamner solemnly states on affirmation, that the information provided by me 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 2022-2023, 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. The teachers in the **Annexure-VI** are not practicing in College working hours or out-side 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 stage it is 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...2nd...day of...may...20...22...at...11:30AM...

Date : 02.05.2022

Place : Sangamner

Signature of Principal
Name of the Signatory-
(with Seal of the College / Institute)
Dr. Deven S. Patil
Principal
Vamanrao Ithape Homoeopathic
Medical College, Sangamner

