





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 ....12<sup>th</sup> day of July 2022 at...Gondia

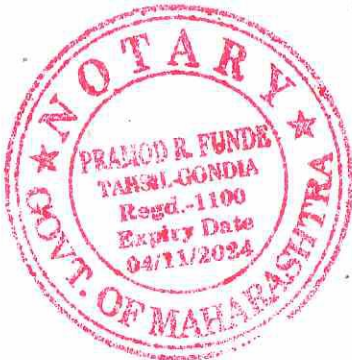
Date : ...12/07/2022

Place : Gondia



Signature of Principal Name of the Signatory-  
(with Seal of the College / Institute)

Principal  
**Gondia Homoeopathic  
Medical College & Hospital  
GONDIA-441614**



**BEFORE ME**

Pramod R. Funde  
12/07/2022

**PRAMOD R. FUNDE  
NOTARY**

Tah-Gondia, Dist. GONDIA  
Main Road, Gondia- 441601