



महाराष्ट्र MAHARASHTRA जासयत (2024) (4) 16AB 810215

01 JAN 2025

मुद्रांक विकत घेण्याच्या चे नुवा न रचिवाणी पत्ता

मुद्रांक विक्री बाबतची नोंद वही अनु.क्र. ११११

मुद्रांक विकत घेणाऱ्याची सहा

परवानाधारक मुद्रांक विक्रेत्याची सही व परवाना क्रमांक तसेच मुद्रांक विक्रीचे ठिकाण/पत्ता

४९९०५

२१९५

नरेश गुरव

मुद्रांक विक्री अर्जासंबंधी कायदा २०१६ च्या धर्मीक परवाना क्र. ११११ क्र. ११११

Handwritten signature: श्री. नरेश गुरव

Handwritten text: श्री. नरेश गुरव, श्री. नरेश गुरव, श्री. नरेश गुरव



998

Reg. No. ...

Date ...

7 FEB 2025

DECLARATION

I, the Principal of the **Gondia Homoeopathic Medical Colloeg & Hospital, Gondia 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 teacher's 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 2025-2026, 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 /

Dombore

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 day of20..... at.....

Date : 7-2-2025

Place : Gondia

Signature of Principal Name of the Signatory-
Principal
Gondia Homoeopathic
Medical College & Hospital
GONDIA-441614

(with Seal of the College / Institute)



Attested By Me in Gondia
Adv. Nilu S. Mandhare
Advocate and Notary
Govt. of Maharashtra
T. B. Toll, Sakant Paba
Teacher Colony, Gondia Tal,
Dist. Gondia 441614.

