



ASHTRA 2023 CL 263289

पत्रासाठी (अनुवाद-४)

कोणत्याकडे सादर करावयाचे पुति सापता

कारण

जन्मचे नाव श्री कृष्ण विष्णू प्रसाद मंडळ

ये वावतची नांदवही अनु.क्र. दि. ३१/०१/२०२५

त घेणाऱ्याची सही. २९००६ ३/२/२०२५

मा. ९५५२४५८९६५

.....
वसत कात मुद्रांक विक्रेते
शेवगाव परवाना क.४/१९९६

NOTARIAL & REGISTERED
NO. 137/2025
THIS DOCUMENT CONTAINS
12 PAGES

I, the Dean / Director / Principal of the Shri Gajanan Maharaj College of Nursing (B.Sc), Bhagur Ta. Shevgaon Dist. Ahmednagar 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 my knowledge & Belief. 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 & VIII are not working in / at any

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Gajande K.K.
Advocate & Notary Public
Shevgaon, Dist. Ahmednagar
Ph - 214-802

other College / Institute or presented themselves at any inspection for the Academic Year 2025-26, as per my knowledge and information provided by the concerned teachers. The teachers in the Annexure – VI, 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 – VI, VII & VIII are not practicing in College working hours or out-side the city where the College / Institute is situated.

Infrastructure Required as per MSR and Indian Nursing Council Norms is available and we have own building for Nursing Institute or Required Specified Constructed Area as per Norms Laid by Authorities for College and Hostel as per Intake capacity and further No Other Nursing Colleges Running in Same campus or In Same Building.

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 **Wednesday of 05/02/2025**.

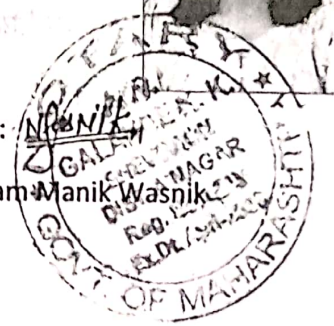
Date : 05/02/2025

Place : Shevgaon

Signature of Dean / Principal :

Name of the Signatory - Dr. Punam Manik Wasnik

Date : 05/02/2025



BEFORE ME
I hereby affirm before me

*Punam Manik Wasnik, Agy. 43014 Post Shevgaon
Tal - Shevgaon Dist. A. Nagpur.*

K. K. Galande

BEFORE ME

K. K. Galande

KALANDE K. K.
Notary Public
No. 114502

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