

Noted at Serial No. 354/2024



महाराष्ट्र MAHARASHTRA

2023

71AA 851842

सदरचा मुद्रांक लिब्द अण्ड लापरनेससाठी नाही.

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मुद्रांक कोणत्या कारणासाठी वापरण्याचा आहे - करार

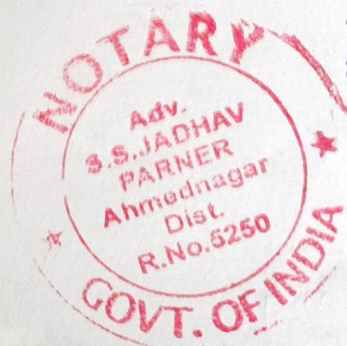
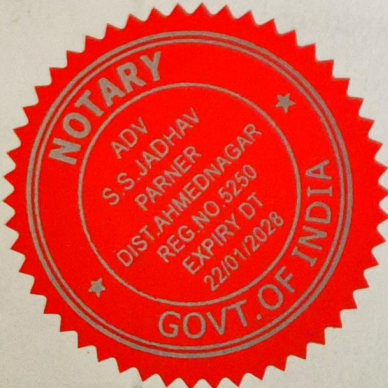
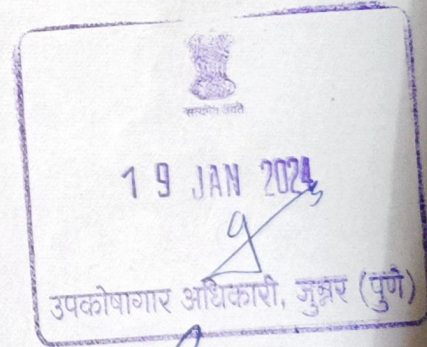
मुद्रांक अधिनियम, १९५८ चे अनुच्छेद क्र. _____

संपूर्ण नांव - सचिव मातोश्री शैकाठि प्रतिष्ठान

संपूर्ण पत्ता - अाठ

हस्ते व्यक्तीचे नांव व संपूर्ण पत्ता - शैकाठि इंदुरे

मुद्रांक धारकाची / हस्ते व्यक्तीची सही - [Signature]

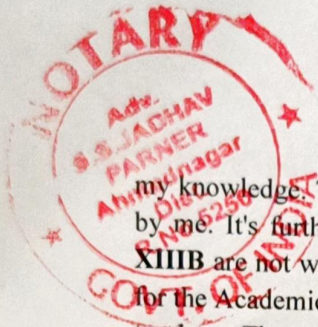


श्री. अशोक गोविंद कोरडे
मुद्रांक विक्रेता, आळे (आळेफाटा)
ला.नं. २२०७०९९. मुदत ३९/३/२४

ANNEXURE-XVI

DECLARATION

I, the Dean / Director/ Principal of the Matoshri Ayurved College, Hospital and Research Center/ 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's further submitted the teacher's information attached in respective **Annexure- VIII & XIIB** 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- VIII & XIIB** 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- VIII & XIIB** are not practicing in College working hours or out-side the City where the College /Institute is situated.

I am 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 16th day of February 2024 at Parner

Date: 16/02/2024

Place: Parner



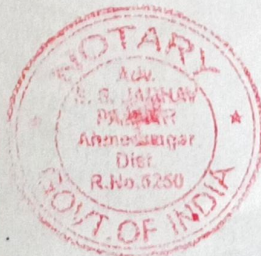
DM

Principal

Signature of Dean/Principal Name of the Signatory
 Matoshri Ayurved College,
 Hospital and Research Centre,
 Karjule, Haryana (Ahmednagar)
 (With Seal of the College / Institute)

BEFORE ME

[Signature]
 S. S. Jadhav
 Advocate & Notary Public
 -Parner, Dist. Ahmednagar
 16/2/2024



Notary Registered Serial No. 354/2024
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