

महाराष्ट्र MAHARASHTRA

2023

83AA 601591

क्र. 200279 दि. 5 JAN 2024 नु. 9001

वस्तु प्रकार प्रतिज्ञापत्र

वस्तु नोंदणी करदार आहेत का ? होय/नाही.

मिळकतीचे वर्ग

मुद्रांक विकत घेणाऱ्याचे नांव व पत्ता स्ट्रीट अँड व्हिजुअल कॉलेज

लॉफ फिजिओथेरेपी हस्पिटल, पुणे

मुलखा पक्षकाराचे नांव

इतले व्यक्तीचे नांव व पत्ता लॉफ लॉफ कॉलेज

सुधीर कोषागार अधिकारी
पुणे
03 JAN 2024
प्रथम मुद्रांक लिपीक कोषागार पुणे करिता

राज्य एम. नॉटरीयल
रजि. क्र. 2209929
189, गुरुवार रोड, पुणे-412
ज्या कारणासाठी ज्यांनी मुद्रांक खरेदी केला, त्यांनी त्याच कारणासाठी कोषागार
कोषागार व नॉटरीयल बाबतचे संबंधित आहे.

NOTARY
SUDHIR
MADHUKAR
NIRPHARAKE
PUNE
Regd. No. 891
Exp. Date
12/01/2028
GOVT. OF MAHARASHTRA

ANNEXURE- XVII

DECLARATION

I, the Principal of the St. Andrews College of Physiotherapy, Pune, 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.

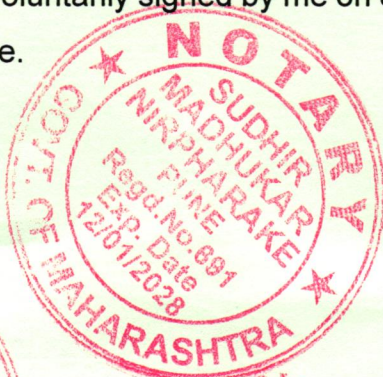
The said information is provided to me by the concerned teachers and duly verified by me. It is further submitted the teachers information attached in respective **Annexure- VII & VIII** are not working in / at any other College or presented themselves at any inspection for the Academic Year 2024-2025, as per my knowledge and information provided by the concerned teachers. The teachers in the **Annexure- VII & VIII** are staying in the same city where the College is situated or adjacent to the city, where the College is situated and having the valid proof of residence of the said city. The teachers in the **Annexure- VII & VIII** are not practicing in College working hours or out-side the City where the College 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 5th day of January 2024 at St. Andrews College of Physiotherapy, Pune.

Date : 05/01/2024

Place : Pune



BEFORE ME
S. M. Nirpharake
S. M. NIRPHARAKE
NOTARY STATE OF MAHARASHTRA
PUNE

[Signature]
Signature of Dean/Principal

Name of the Signatory- Dr. Albin Jerome
(with Seal of the College / Institute)

Noted and Registered
at Sr No. 5/24 ----- 05 JAN 2024

