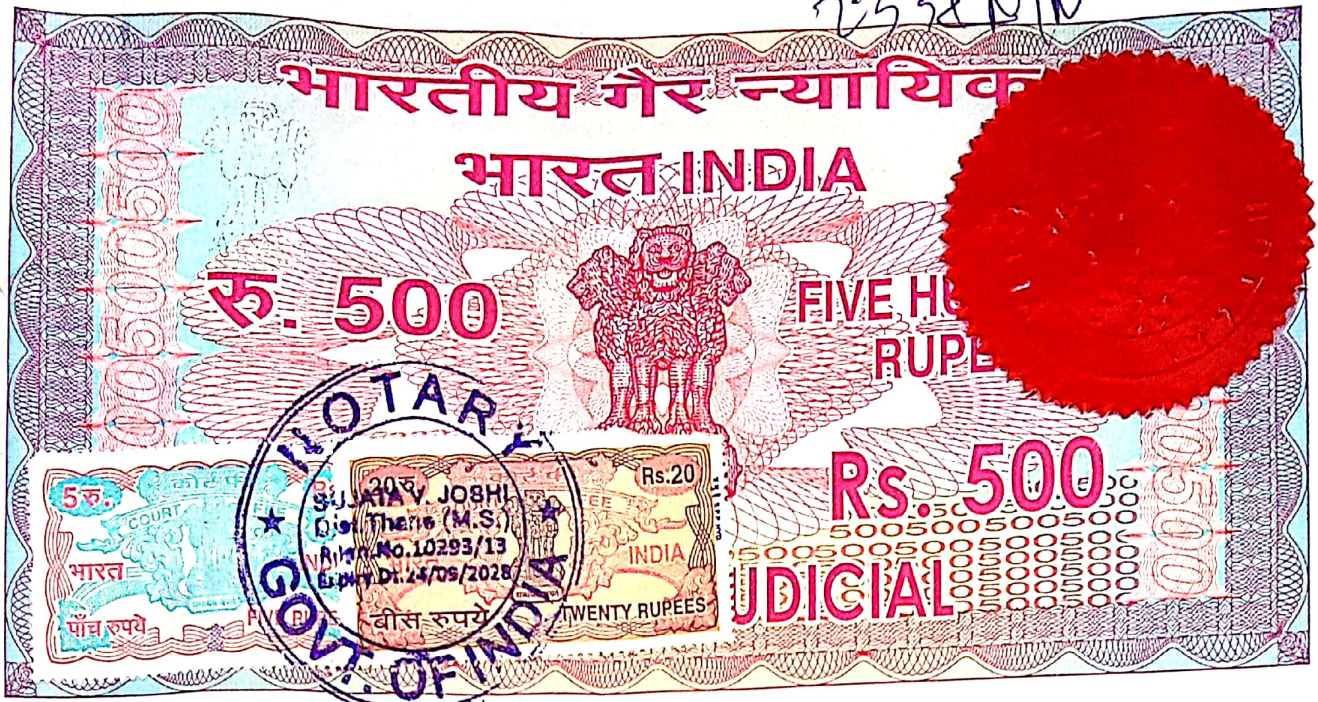


7338 MIN



महाराष्ट्र MAHARASHTRA

2024

DA 888585



विशेष प्रतिपादक कार्यालय वगैरे
27 JAN 2025
विशेष प्रतिपादक कार्यालय वगैरे



ANNEXURE-XVI

DECLARATION

I, the Principal of the Smt. Vimaladevi Khyalilalji Vagarecha College of Nursing Education, Thane West 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- VII & XIII A 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- VII & XIII A are staying in the same city / town / village where the College / Institute is

27/01/2025

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जोखपत्र-2 / Annexure - II

खालील विक्री प्रतिज्ञापत्र व्यतिरिक्त वापरण्यात येणा-या मुद्रांकाने तयार केलेले
(Except affidavit, this seal put for all documents)

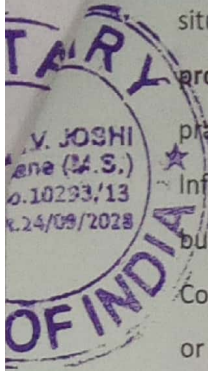
0003

27
JAN,
2025

- 1) मुद्रांक विक्री नोंदवही अनुक्रमांक / दिनांक
(Serial No./Date)
- 2) दस्ताचा प्रकार
(Name of Document)
- 3) दस्त नोंदणी करणार आहेत का ?
(Whether it is to be registered)
- 4) भिळकतीचे थोडक्यात वर्णन
(Description of property)
- 5) मुद्रांक विकत घेणा-याचे नाव व सही
(Stamp Purchaser's Name & Signature)
- 6) हस्ते असल्यास त्याचे नाव, पत्ता व सही
(If through other person then,
Name, Address & Signature)
- 7) दुस-या पक्षकाराचे नाव
(Name of the other party)
- 8) मुद्रांक शुल्क रक्कम
(Stamp Duty Amount)
- 9) परवानाधारक / मुद्रांक विक्रेत्याची सही
परवाना क्रमांक जुना क्रमांक - 06/2003
(नविन परवाना क्रमांक - 1201015)
सौ. एच. डी. पाटील-वृध्दी टायपिंग अँड कम्प्युटर सेंटर,
मयुरेश बिल्डिंग, टेंभीनाका, ठाणे-प-400601

ज्या कारणासाठी ज्यांनी मुद्रांक खरेदी केला त्यांनी त्याच कारणासाठी मुद्रांक खरेदी केल्यापासून ते सहा महिन्यात वापरणे बंधनकारक आहे.)





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- VII & XIII A 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 07 day of February 2025 at 4.30pm

Date :05.02.2025

Place:Thane



Signature of Dean/Principal

Mrs. Chitra M. Naik

Name of the Signatory-

(With Seal of the College/Institute)

Principal
Smt. Vimaladevi Khyalilalji Vagharecha
College of Nursing Education
Balkum, Thane - 400 608.

8 FEB 2025



NOTARISED

SUJATA V. JOSHI
ADVOCATE & NOTARY

101/102, Vishal Bldg., Station Road,
Kalwa (W), Thane-400 605.

NOTED & REGISTERED
Sr. No. 2332/2025