



महाराष्ट्र MAHARASHTRA

2025

DT 860964



कोषागार
कलसा
23 JAN 2026

ANNEXURE-XVI

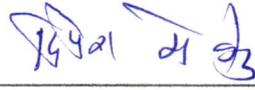
DECLARATION

I, **Dr. Ramling B Mali** the Principal of the **Institute of Nursing Education & Paramedical Sciences, Dombivli** 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** are not working in / at any other College /Institute or presented themselves at any inspection for the Academic Year **2026-2027**, as per my knowledge and information provided by the concerned teachers. The teachers in the **Annexure- VI. & VII** are staying in the same city / town / village where the

008



जोडपत्र - 2

मुद्रांक विक्री नोंद वही अनुक्रमांक	
दिनांक	7220
दस्ताचा प्रकार	7220
दस्त नोंदणी करणार आहेत का ?	होय / नाही
मिळकतीचे थोडक्यात वर्णन	
मुद्रांक विकत घेणा-याचे नाव व पत्ता	
हस्ते असल्यास त्याचे नाव, पत्ता व सही	 
दुस-या पक्षकाराचे नाव	
शुल्क रक्कम	रुपये 7

3 FEB 2026

परवानाधारक मुद्रांक विक्रेत्याची सही

सौ. ऋचा एस. गोडबोले

मुद्रांक परवाना क्रमांक 1206040

पत्ता : मातृश्रद्धा सो. ए/2/21

टिळक नगर, डोंबिवली पूर्व

ज्या कारणासाठी ज्यांनी मुद्रांक खरेदी केला त्यांनी त्याच कारणासाठी
मुद्रांक खरेदी केल्यापासुन सहा महिन्यात वापरणे बंधनकारक आहे.

3 FEB 2026

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

Date : 20/2/2018

Place: Dambur


Signature of

Dean/Principal Name of

the Signatory-

(With Seal of the College/Institute)

Date: