



महाराष्ट्र MAHARASHTRA

2024

13 FEB 2025

CS 659440



उप कायानगर अधिकाारी कल्याण

13 JAN 2025

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 2025-2026, 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



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31/01/2025

जोडपत्र 1

मुद्रांक विक्री बाबतची नोंद अनुक्रमांक / दिनांक : 10636

मुद्रांक विकत घेणाऱ्याचे नाव, रहिवाशी, पत्ता व सही :

हस्ते : Dipesh Shelke BSUP Project, Patharli Rd, Dombivli (E).....

परवानाधारक मुद्रांक विक्रेत्याची सही

व परवाना क्र. 1206041

तसेच मुद्रांक विक्रीचे ठिकाण/पत्ता : श्री. शिरीष अ. जाधव, हरिदिप बिल्डींग, बी/3,
तळमजला, पाटकर रोड, डोंबिवली (पूर्व) - 421201
ज्या कारणासाठी ज्यांनी मुद्रांक खरेदी केला, त्याच कारणासाठी
मुद्रांक खरेदी केल्यापासून 6 महिन्यांत वापरणे बंधनकारक आहे.





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 : 13/2/25

Place:.....

Signature of Dean/Principal

Name of the Signatory- **Dr. Ramling B Mali**

Date:



ATTESTED COPY

MR. G.B. GADAHIRE 13/2/25

B.A., LL.B.
ADVOCATE & NOTARY
A/4, Aaker CHS., MIDC, PH 28,
Dombivli (E), Thane-421 203
(No. 11226)

13 FEB 2025