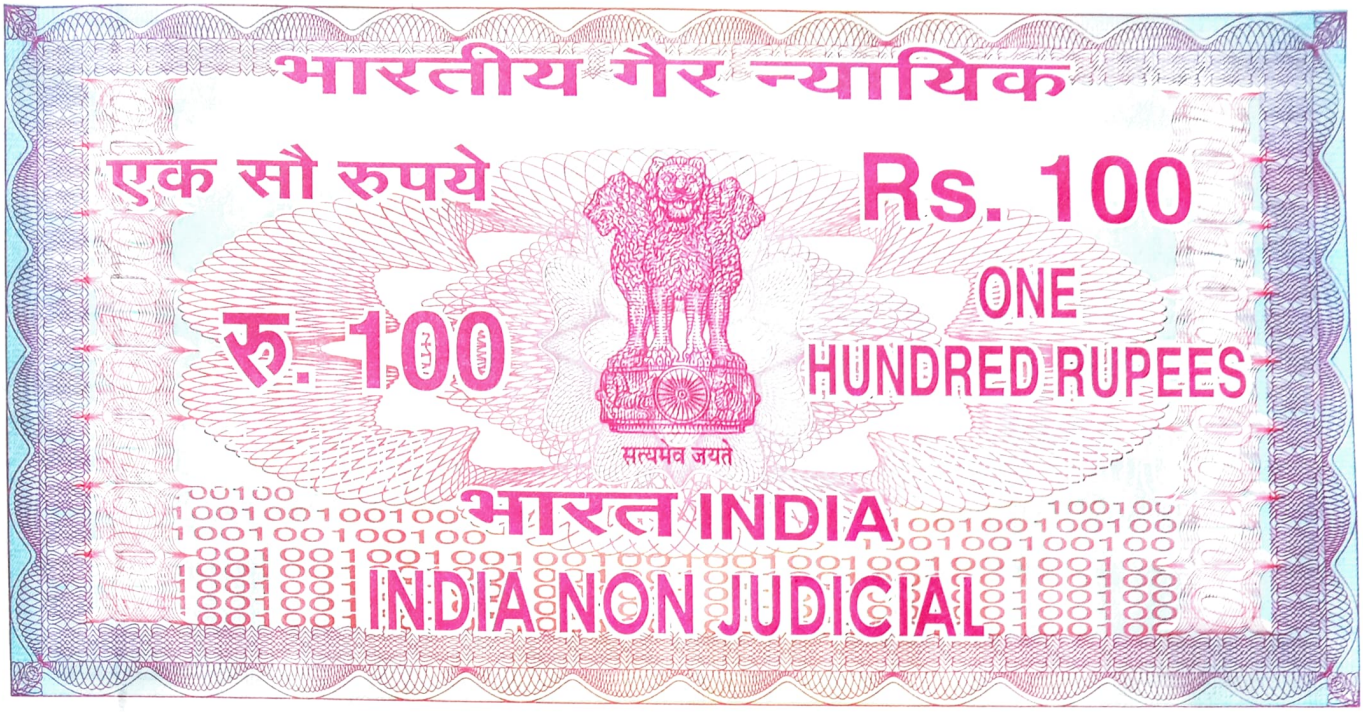


महाराष्ट्र MAHARASHTRA ◐ 2021 ◐ ZV 540259

फक्त प्रतिज्ञापत्रासाठी

अनु. क्र. 216 दि. 21/3/2022 मु.शु.रक्कम रु.

मुद्रांक विक्रत घेणाऱ्याचे नांव : धोले पाटील पॉलिटेक्निक

पत्ता : वाघोली

हस्ते एक्सक्लुसिव्ह : सतीश पोटके

पत्ता :

श्री. [illegible] एकनाथ भोके
स.नं. ३१/८, [illegible] शेरी, पुणे-१४
परवाना क्र. २२०१०८८

मुद्रांक विक्रत घेणाऱ्याची सही

ज्या कारणासाठी त्यांनी मुद्रांक खरेदी केला, त्यांनी त्याच कारणासाठी मुद्रांक खरेदी केल्यापासुन ६ महिन्यात वापरणे बंधनकारक आहे.

कोषागार अधिकारी
पुणे
04 APR 2022
प्रथम मुद्रांक लिपीक
कोषागार पुणे करिता

ANNEXURE- XIV

DECLARATION

(To be prepared on a Stamp Paper Rs.100)

I, the Dean / Director/ Principal of the Dhole Patil College of Physiotherapy College / Institute solemnly states on affirmation that the information provided by me in Inspection Format as well as uploaded on Collage

e Website along with all Annexure is true and correct tothe 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 /Institute or presented themselves at any inspection for the Academic Year 2020-2021, as per my knowledge andinformation provided by the concerned teachers. The teachers in the **Annexure- VII & VIII** 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- VII & VIII** are not practicing in College working hours or out-side the City where the College /Institute is situated.

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 Thursday day of 21/04/2022at 2.15 pm

Date: 21/04/2022

Place: Pune

Signature of Dean/Principal

Name of the Signatory-

Dr. N.Gunasekaran (PT)

(With Seal of the College / Institute)

D P E S, Dhole Patil College of Physiotherapy Pune 412207

Principal
D P E S, Dhole Patil
College of Physiotherapy
Pune-412207