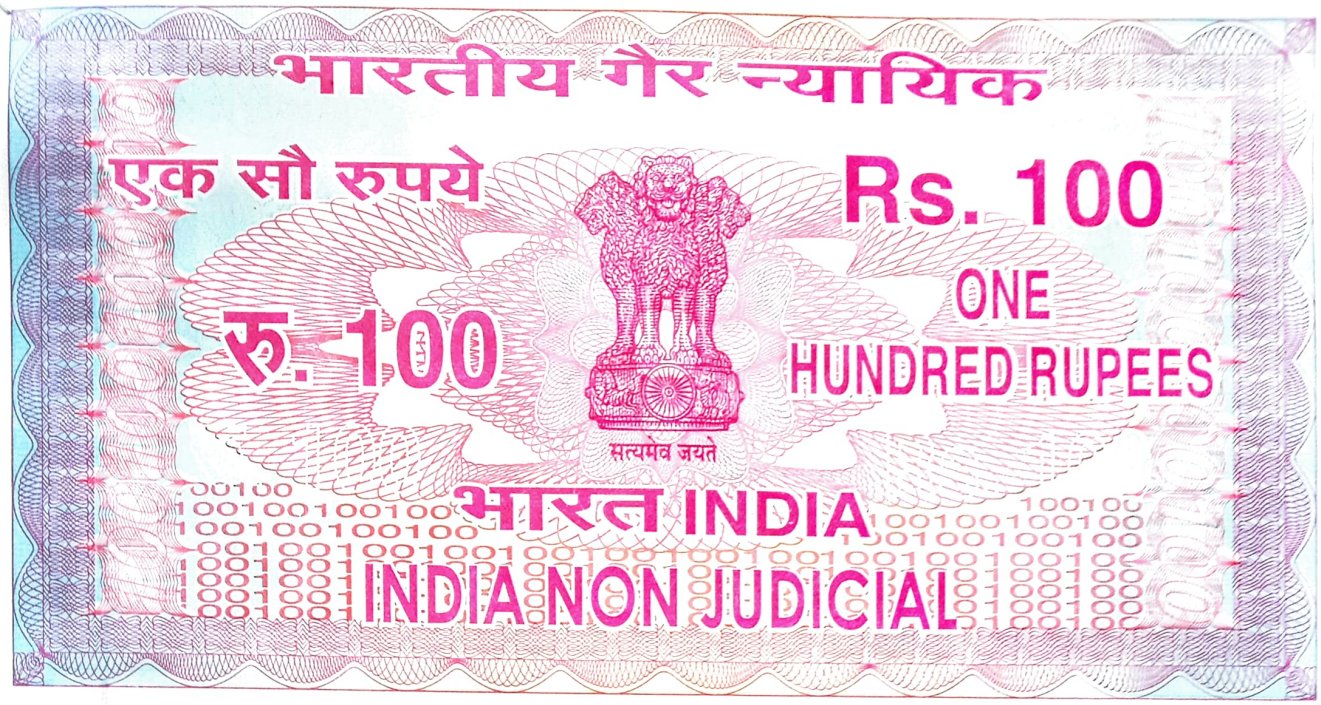


महाराष्ट्र MAHARASHTRA ◐ 2021 ◐ ZV 540258

फक्त प्रतिज्ञापत्रासाठी

अनु. क्र. २१५ दि. २१/३/२०२२ मु.शु.रक्कम १००

मुद्रांक विक्त घेणाऱ्याचे नांव : धोबेपाटील कॉलेज ऑफ फिजिओथेरपी

पत्ता : टाकळी

हा दस्त ज्याचे नांवे : ~~अतीश वारंगे~~

पत्ता :

मुद्रांक विक्रेत्याची सही

श्री. [illegible] एकनाथ भोके
रा.सं.३१/४, दत्तात्रय शेरी, पुणे-१४
परवाना क्रं. २२०१०८८

उक्त कारणासाठी ५ रुपये मुद्रांक खरेदी केला, त्यांनी त्याच कारणासाठी मुद्रांक खरेदी केल्यापासुन ६ महिन्यात वापरणे बंधनकारक आहे.

वरिष्ठ 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 College Website along with all Annexure 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 /Institute or presented themselves at any inspection for the Academic Year 2021-2022, 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 21/04/2022 at 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