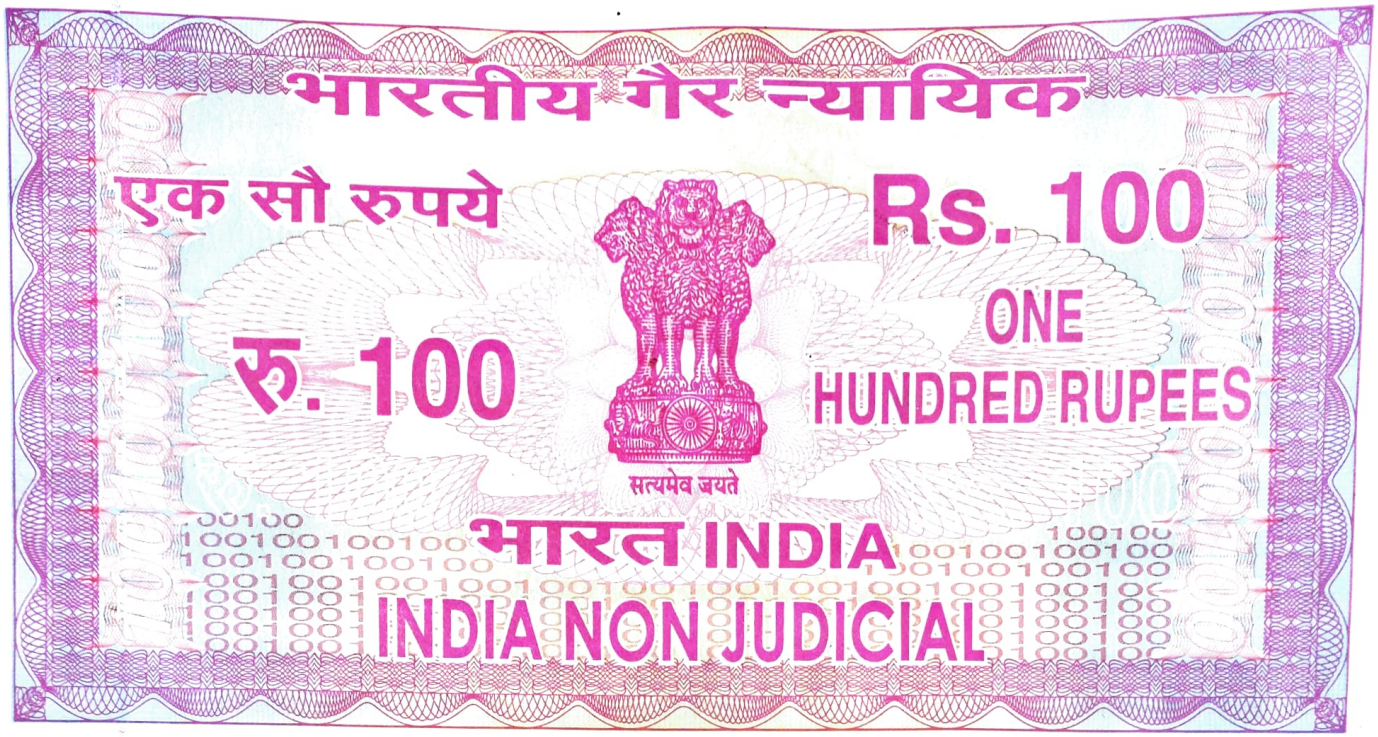


महाराष्ट्र MAHARASHTRA ◐ 2023 ◐ 86AA 270868

23 JAN 2024

२३ JAN २०२४

१५३५७२ दि. मु.शु.रक्कम ५०

दस्ताचा प्रकार प्रतिज्ञापत्र

दस्त नोंदणी करणार आहेत का ? होय/नाही.

मिळकतीचे वर्णन

मुद्रांक विकत घेणाऱ्याचे नाव

पत्ता

दुसऱ्या पक्षकाराचे नाव

हस्ते व्यक्तीचे नांव व पत्ता

SANGITAA LOKANDE

परवाना क्र. २०११२४

मुद्रांक विकत घेणाऱ्याची सही मोबोज हॉटेल कम्पाऊंड, बंडगार्डन रोड, पुणे-१

ज्या कारणासाठी ज्यांनी मुद्रांक खरेदी केला, त्यांनी त्याच कारणासाठी

खरेदी केल्यापासून ६ महिन्यात वापरणे बंधनकारक आहे

सह दुय्यम निबंधक अधिकारी पुणे

19 JAN 2024

प्रथम मुद्रांक लिपीक कोषागार पुणे करिता

NOTARY GORAKH VITTHAL KIRVE Reg. No. 5611 DISTRICT PUNE EXPIRY DATE 12/1/2028 GOVERNMENT OF

ANNEXURE- XVII

DECLARATION

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 2024-2025, as per my knowledge and information 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 Monday day of 20/01/2024 at 15.15 pm

Date: 20/01/2024

Place: Pune

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

Signature of Dean/Principal

Name of the Signatory-

Dr. N.Gunasekaran (PT)

(With Seal of the College / Institute)

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

NOTARY GORAKH VITTHAL KIRVE Reg. No. 5511 DISTRICT PUNE EXPIRY DATE 12/3/2028 GOVERNMENT OF INDIA

BEFORE ME

GORAKH V. KIRVE
NOTARY
GOVT. OF INDIA
REG NO. 5511

24 JAN 2024

Noted & Registered at Sr. No. 20.6/2024

