

महाराष्ट्र MAHARASHTRA

2023

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अनु.क्र. १३८७ दि. १०/१२/२३ मु.शु.रकम. २००

मुद्रांक विकत घेणाऱ्याचे नांव लोकमान्य होमेपेथीक मेडिकल

पत्ता चि-मपड ५०१

हस्ताचे नांव राजू कुटे

र.प.म. रौ. व्ही.वी. शिंदे

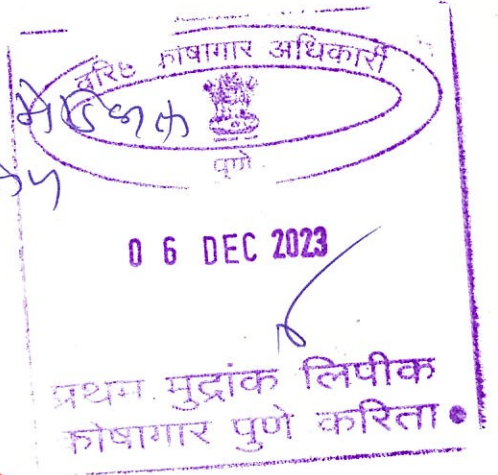
मुद्रांक विकत घेणाऱ्याची सही

शुभचिंतित व्यक्ती/व्यावसायिक/प्रतिभाषक सादर करण्यासाठी

मुद्रांक कनकादी अकराव्यासाठी. (आयन कायदा दि.१/७/२००४ नुसार)

जगा कायदासाठी. जगादी मुद्रांक खरेदी केला त्याची त्याच कारणासाठी

गदांक खरेदी करण्यात आला, सहिच्यात वापरणे बंधनकारक आहे



ANNEXURE- XIII

DECLARATION

I, the Principal of the Late Shree Fakirbhai Pansare Education Foundation's Lokmanya Homoeopathic Medical College Institute solemnly states on affirmation, that the information provided by me in Inspection Format as well as uploaded or College Website alongwith all Annexures 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-VI 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-VI 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-VI are not practicing in College working hours or out-side the City where the College /Institute is situated.

I further hereby declare 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 19th day of December 2024 at Chinchwad Pune.

Date : 19/12/2023

Place : Chinchwad

NSJ
19.12.2023

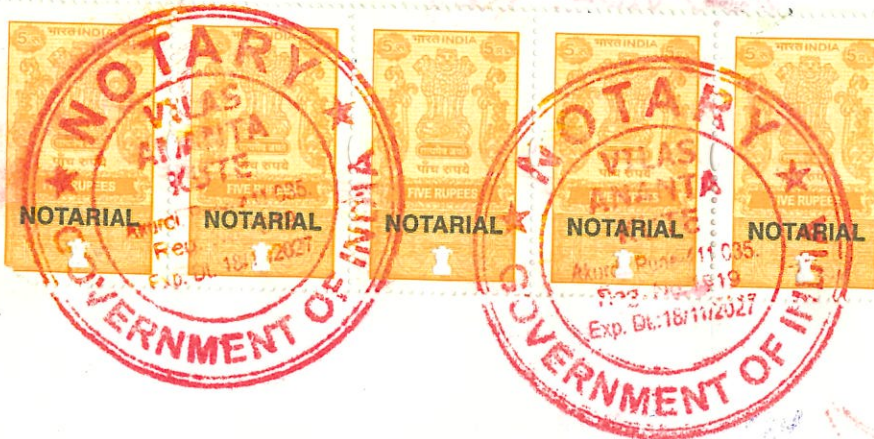
Signature of Principal

Name of the Signatory-

(with Seal of the College / Institute)



Dr.Mrs.N.S.Joshi
PRINCIPAL
L.S.F.P.E.F.'s Lokmanya
Homoeopathic Medical College
Chinchwad,Pune-411033



Noted and Registered
at Serial Number 6688/2023 -

BEFORE ME
Vilas Ananta Kute
VILAS ANANTA KUTE
NOTARY
UNION OF INDIA
Vitthalwadi, Akurdi, Pune-35