



जिल्हा शिक्षण विभाग
कार्यालय महाराष्ट्र MAHARASHTRA

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किंमत

दिनांक.

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मुद्रांक प्रमुख लिपीक
अ.को.अ. छत्रपती संभाजीनगर

हस्ते Pooabk S. Tadheav.

कोणाकरिता Principal, Yashwantrao,

Chavan Ayurvedic Medical

College & Hospital



ANNEXURE- XIII

DECLARATION

I, the Dean / Director/ Principal of the Shiva Trust's Yashwantrao Chavan Ayurvedic Medical College and Hospital, Nipan-Bhalgaon, Chh.Sambhajinagar (Aurangabad) College / Institute solemnly states on affirmation, that the information provided by me in Inspection Format as well as uploaded on 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 teacher's 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 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 **22nd** day of **January, 2024** at **Chh.Sambhajinagar**.

Date : 22/01/2024

Place : Chh.Sambhajinagar

Signature : 

**Name : Dr. Pankaj M. Gahunge
and stamp of Dean/Principal**

(with Seal of the College / Institute)

Principal

**Yashwantrao Chavan Ayurvedic
Medical College & Hospital
Aurangabad**

