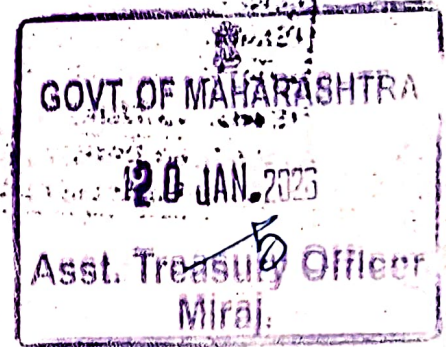


महाराष्ट्र MAHARASHTRA

2025

DR 193902



ANNEXURE-XVI

DECLARATION

I, Dr. Sonali Nitin Bhole Vice-Principal of the GPMT'S INSTITUTE OF NURSING SCIENCES, MIRAJ 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 my knowledge & Belief. 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- VI & VII are not working in /at any other College /Institute or presented themselves at any inspection for the Academic Year 2026-2027 as per my knowledge and information provided by the concerned teachers.

दस्तावेज प्रकार/अनुच्छेद क्रमांक-
(Nature of Document Article No.)

PBBSC Inspection
सही

दस्तावेज नोंदणी करित का ?
(Whether it is to be Registered)

नोंदणी होणार असल्यास दुय्यम पक्षिक कार्डलाचे नांव-
(If Registrable Name of S.R.O.)

विवेकतीचे वर्णन-
(Property Description in brief)

बोधदला रक्कम-
(Consideration Amount)

मुद्राक विकत घेणाऱ्याचे नांव-
(Stamp Purchaser's Name)

Principal
GPMT's Institute Of
Nursing Sciences, Mira

दुसऱ्या पक्षकाराचे नांव-
(Name of Other Party)

राज्यीय निगम

हस्त असाव्यास करणाराचे नांव-
(If through other person)

ह २१३३ पटीस २१ अंश २२' ३०" उत्तरे

मुद्राक विकत घेणाऱ्याचे नांव-
(Stamp Buyer's Name)

२५००

मुद्राक विकत घेण्याची तारीख / दि.-
(Serial No./Date)

२०२०/०३/०२/२०२२

मुद्राक विकत घेणाऱ्याची सही-
(Stamp Purchaser's Sign)

Rshw

विक्रयकारक मुद्राक विकत घेण्याची सही- १२

मुद्राक विकत घेण्याचे नांव- हरिप्रकाश महादेव देवदार

अधिकृत करवाला क्रमांक. २४०६०००

मुद्राक विकत घेण्याचे ठिकाण- देवदार वाडा, बाह्यपुणे, महाराष्ट्र

कारणासाठी ज्यांनी मुद्राक विकत घेतले आहे त्यांची सही करवावी

३. अशा वेळी मुद्राक विकत घेण्यात आले आहे

The teachers in the Annexure- VI & VII 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 & VII are not practicing in College working hours or out-side the City where the College /~~Institute~~ is situated.

Infrastructure Required as per MSR and Indian Nursing Council, New Delhi Norms is available and we have own building for Nursing Institute or Required Specified Constructed Area as per Norms Laid by Authorities for College and Hostel as per Intake capacity and further No Other Nursing Colleges Running in Same campus or In Same Building

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 2nd March, 2026 day of at 9.00 am

Date :02-03-2026

Place: Miraj



S. Bhore

Signature of Vice-Principal

Name: Dr. Sonali Nitin Bhore

Principal
G.P.M.T.'s Institute Of
Nursing Sciences, Miraj