

महाराष्ट्र MAHARASHTRA

2022

54AA 720051

दस्ताचा प्रकार/अनुच्छेद क्रमांक -

दस्ताचा प्रकार -

दस्त नोंदणी करणार आहेत का. - (होय/नाही)

नोंदणी करणार असल्यास दुय्यम निव्वरक कारणांसाठी -

मिळविलेले वर्णन -

माहिती रक्कम -

मुद्रांक विकत घेणाराचे नाव व पत्ता -

मुद्रांक रक्कम -

मुद्रांक नों. क्र. 4746 तारीख : 22 DEC 2023

पत्ता - १३८८, सावडे, ता. चिपळूण. ३/१९९१

श्री. एन. और. माने



ANNEXURE- XVII

DECLARATION

I, the Principal of the Dr.Chandrasekar L.,B.K.L.Walawalkar College of Physiotherapy College 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 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 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 **10** day of **January 2024** at Sawarde.

Date: 10/01/2024

Place: Sawarde


Signature of Principal

Name of the Signatory- Dr. Chandrasekar L.

(With Seal of the College/Institute)

Principal
B.K.L. Walawalkar
College of Physiotherapy
Kasarwadi - Sawarde

