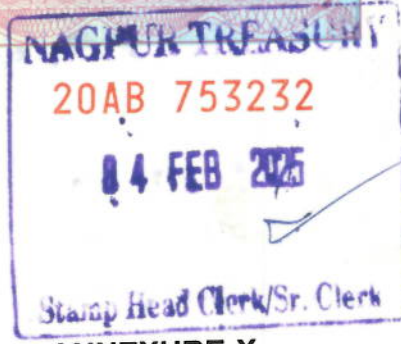




महाराष्ट्र MAHARASHTRA

2024



ANNEXURE-X

DECLARATION

I, the Dean of the N.K.P. Salve Institute of Medical Sciences & Research Centre and Lata Mangeshkar Hospital, Nagpur 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- I-A, I-B, II & IV are not working in / at any other College /Institute or presented themselves at any inspection for the Academic Year 2025-2026, as per my knowledge and information provided by the concerned teachers. The teachers in the Annexure- I-A, I-B, II & IV 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- I-A, I-B, II & IV are not practicing in College working hours or out-side the City where the College /Institute is situated.

१) दस्तावेज उपलब्ध / उपलब्ध नही हो

२) दस्त मेमबेरी कायदा लागू नही ? होय/नाही

३) नोंदणी कायदा अन्वये कुठ्या विद्यार्थ्यांचे नाव कुठ्या विद्यार्थ्यांचे नाव कुठ्या विद्यार्थ्यांचे नाव

४) मिळविल्याचे पत्र

५) मोबदला पत्र

६) मुद्रांक विद्यार्थ्यांचे नाव डी. टी. राऊत के. पी. खोसले

७) कुठ्या विद्यार्थ्यांचे नाव डी. टी. राऊत के. पी. खोसले

८) कुठ्या विद्यार्थ्यांचे नाव व पत्ता म. रा. राऊत के. पी. खोसले

९) मुद्रांक मुल्य १६५४९९

१०) मुद्रांक दिवशी मीस वही क्र. ५१२१२०२५

११) मुद्रांक विद्यार्थ्यांचे नाव डी. टी. राऊत के. पी. खोसले

X.P. Salve

वि. एन. डी. टी. राऊत के. पी. खोसले मुद्रांक पत्रिका क्र. १०/१९९६ कोड क्र. ४६०१००३
 विद्यार्थ्यांचे नाव व पत्ता म. रा. राऊत के. पी. खोसले

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 ...14... day of Feb..... 2025.. at Nagpur

Date : 14/2/2025

Place : Nagpur

Signature of Dean/Principal

Y. B. Bhole

Name of the Signatory-
 (with Seal of the College / Institute)

DEAN
K.P. Salve Institute
of Med. Sciences & RC
and LMH, NAGPUR.