



महाराष्ट्र MAHARASHTRA

● 2025 ●



AMO Stamp Head Clerk / Clerk

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 2026-2027, 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.

कार्यपालिका नं. २४ वर्षी अग्रुद्धरक 24/12/2025
२) वर्चाली प्रयत्न

३) भारत नीदर्शी के रूपमें लाइसेंस काम ? होय/नाही

४) निलगालीचे धोकेवाल दर्शन N. K. P. Salve Institute of
५) मुद्रांक विकल द. पांडारी नाव ये राही Medical Sciences & Research Centre
६) हस्ते अराम्भास स्थांचे भाव, पत्ता ये राही and Lata Mangeshkar Hospital,
७) हुरांच्या पत्तकाराचे नाव Digdoh Hills, Hingna Road, Nagpur 440 013
८) मुद्रांक शुल्क रक्कम

आर. के. कांवळे

मुद्रांक विकला, ला. क्र. १०/१९९२, कोड क्र. ४६०९०४४
जिल्हाधिकारी परिसर, त. कार्यालय, नागपूर (शहर)

ज्या कोर्सांसाठी ज्यांनी मुद्रांक खरेदी केला त्यांनी त्याच कारणासाठी मुद्रांक
खरेदी फैल्यापासून हे भरिन्यात यापरणे बंधनकारक आहे

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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 .February... 20.26 at Nagpur

Date : ..10.02.2026....

Place : Nagpur

Bmik

Signature of Dean/Principal

Name of the signatory: Dr. Sajal Mitra
(with Seal of the College / Institute)

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