

महाराष्ट्र MAHARASHTRA

2022

12 SEP 2023

37AA 843524



अनुक्रमांक 1196 दिनांक / /
हस्त शिवाजी
करिता D.K.M.M. HOMOEOPATHIC
MEDICAL COLLEGE
AURANGABAD - 431 604

विक्रेता
औरंगाबाद जिल्हा वकील/सिध प्रा. सह.
ग्राहक सं.(म.) औरंगाबाद करिता
परवाना क्रमांक - 3101006

ANNEXURE-XIII

DECLARATION

I, the Principal of the DKMM HOMOEOPATHIC MEDICAL COLLEGE & HOSPITAL, AURANGABAD/ Institute solemnly states on affirmation, that the information provided by me in Inspection Format as well as uploaded on College Website along with 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-VI are not working in /at any other College/Institute or presented themselves at any inspection for the Academic Year 2024 to 2025, as per my



knowledge and information provided by the concerned teachers. The teachers in the Annexure-VI 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 are not practicing in College working hours or out -side the City where the College/Institute is situated.

I 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 of affiliation of the College shall be withdrawal, as the case may be.

This declaration is voluntarily signed by me onday of2023.

at. Aurangabad

Date:- 18 / 12 /2023

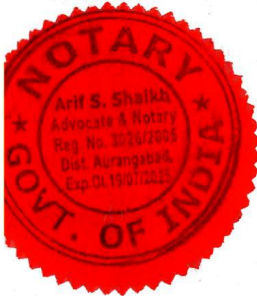
Place. - Aurangabad.



Signature of Principal

Name of the Signatory-

Dr. Shalini Rajendra Ankushe
PRINCIPAL
A. A. K. HOMOEOPATHIC
MEDICAL COLLEGE
(With Seal of the College/Institute)
AURANGABAD, 431 004



ATTESTED BY
ARIF S. SHAIKH
(M.COM, LL.B., D.T.L.)
Advocate & Notary (Govt. of India)
Reg. No. 3026/2005, Dist. Aurangabad

18 DEC 2023

