



कोशबाजार
छ.सम्भाजीनगर
महाराष्ट्र MAHARASHTRA
- 6 MAR 2025
मुद्रांक प्रमुख लिपीक
जि.प.स. साखरी संभाजीनगर

2024 19 MAR 2025
अनुक्रमिक 5291 शिनांक 11
हस्तें जगदरे डम डस
PRINCIPAL
DKMM-HOMOEOPATHIC
MEDICAL COLLEGE
AURANGABAD

25AB 816989
किरेता
औरंगाबाद जिल्हा वकील संघ प्रा.सह.
प्राहक सं.(म.) औरंगाबाद करिता
फारवाना क्रमांक - 3101006
19 MAR 2025

ANNEXURE-XII

DECLARATION

I, the Principal of the DKMM HOMOEOPATHIC MEDICAL COLLEGE & HOSPITAL, CHH.SAMBHAJINAGAR/ 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(a) are not working in /at any other College/Institute or presented themselves at any inspection for the Academic Year 2026 to 2027, as per my

knowledge and information provided by the concerned teachers. The teachers in the Annexure-VI (a) 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(a) 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 on 17 day of 01/2026. at

Chh.Sambhajinagar.

Date:- 17 / 1 /2026

Place:- Chh.Sambhajinagar



Signature of Principal

Name of the Signatory-

Dr. Rajnesh R.Sharma

(With Seal of the College/Institute)

PRINCIPAL

**D.K.M.M. HOMOEOPATHIC
MEDICAL COLLEGE
AURANGABAD - 431 604**

BEFORE ME

SANJAY SATESH PATEL
ADV.NOTARY GOVT. OF INDIA
Area-Supari Hanuman Roac
Aurangabad (M.S.)
Regd. No. 7907/2010

