

महाराष्ट्र MAHARASHTRA

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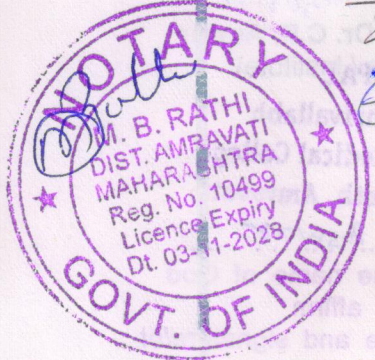
2024

28 JAN 2025

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प्राचार्य श्री वि. म. अमरावती

परमेश्वर म. वानखडे
मुद्रांक विक्रेता
तहसिल कार्यालय, अमरावती.
ला.न. १९/२००९



ANNEXURE- XII

DECLARATION

(To be prepared on a Stamp Paper Rs.100)

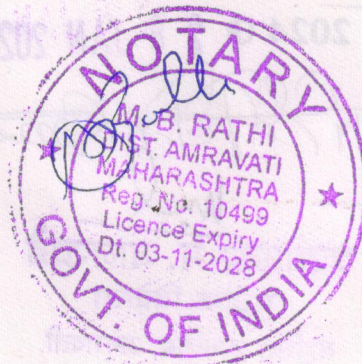
I, the Principal of the **Takhatmal Shrivallabh Homeopathic Medical College & Hospital Rajapeth, Amravati** College / Institute solemnly states on affirmation, that the information provided by me in Inspection Format as well as uploaded on College Website alongwith all Annexures is true and correct to 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- VI (a) 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-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 content 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 **Thursday** day of **30/01/2025** at **Amravati**

Date : 30/01/2025
Place : Amravati



Signature of Principal
Name of the Signatory- **Dr. C.P. Aswar**
(with Seal of the College/ Institute)

Dr. Takhatmal Shrivallabh
Ho: **Homoeopathic Medical College**
& Hospital, Rajapeth, Amravati

Dr. C. P. Aswar

I Do Swear in the name of God
solemnly affirm

That is my name and signature/of
mark) and that the Contents of
this affidavit are true and correct

Signature of deponent after attestation

M. B. RATHI
Advocate & Notary
103, Dayasagar Apartment
Jairam Nagar, Rajapeth,
Amravati (M.S.)

**Not Responsible for
Contents of Documents**

Notary Regd. No. **86** /2025
Having **02** Pages

