



District Treasury Office

JALNA

महाराष्ट्र MAHARASHTRA

9 MAY 2022

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दि 39/05/2022

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STAMP HEAD CLERK

[Signature]

एम्: ॥ कुलाथ फरक दिवराठे सा. जालना

कोणा: वसंतराव नाईक इंस्टिट्यूट ऑफ नर्सिंग
नर सिंग सा. जालना.

एस. जी. ठोबळे

शासकिय मुद्रांक विक्रेता
परवाना क्र. 3601012
तहसिल कार्यालय, जालना
दिनांक: 39/05/2022

ANNEXURE- XIII

DECLARATION

I, the Dean / Director/ Principal of the **Vasantrao Naik College of Nursing, Jalna College / 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- VII & VIII** are not working in / at any other College /Institute or presented themselves at any inspection

for the Academic Year **2021-2022**, as per my knowledge and information provided by the concerned teachers. The teachers in the **Annexure- VII & VIII** 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- VII & VIII** are not practicing in College working hours or out-side the City where the College /Institute is situated.

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

Place: JALNA



Signature of Dean / Principal

Name of the Signatory

Dr. Kodeeswara Prabu

(With Seal of the College / Institute)

PRINCIPAL

VASANTRAO NAIK INSTITUTE OF NURSING
JALNA-431 203.