



महाराष्ट्र MAHARASHTRA

2024

07AB 463040

अ.नं.: 12256, दि.: 12-07-2024, रु.: 100, पैकी रु.: 100

श्री./श्रीमती/सौ./में.: साईबाबा बहुउद्देश्यीय सेवाभावी संस्था

पत्ता: दुर्गेश बिल्डींग गंगापूर रोड नाशिक

कारण: Affidavit

हस्ते: सुखदेव शेजूल

सही: सुखदेव



स. रा. अमृतकर
स्टॅम्प वेंडर, नाशिक.
(मु. वि. प. क्र. १०३ / २००२)

**Annexure XV
DECLARATION**

I, the Dean / Director/ Principal of the **Indian Institute of Medical Sciences Ayurved College, Manori Nashik** 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 teacher's information attached in respective **Annexure-V** 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- V** 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- V** 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 31 day of January 2025 at 10:00 am.

Date: 31/01/2025
Place: Nashik



Handwritten signature and date: 31/1/25

Signature of Dean/Principal

Dr. Sampat G. Bhatena

(with Seal of the Principal Institute)
Indian Institute of Medical Sciences
Ayurved College & Hospital
At Post Manori, Tal. Dindori, Dist. Nashik.



DECLARATION

I, the Dean / Director / Principal of the Indian Institute of Medical Sciences Ayurved College, Nashik, hereby declare that the information provided by me in Inspection Format as well as uploaded on College Website along with all Annexure 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 teacher's information attached in respective Annexure-V are not working in / at any other College /Institute or presented themselves at any inspection for the Academic Year 2024-2025, as per my knowledge and information provided by the concerned teachers. The teachers in the Annexure-V 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-V are not practicing in College working hours or outside the