



महाराष्ट्र MAHARASHTRA

2020

YG 885282

- जोडयत्र २ प्रसिद्धापत्राव्यतीरित
१. मुद्रांक विक्री नोंदवही अनु.क्र.दिनांक. ५५६ दि २१/४/२०२२
२. दस्ताच्या प्रकार दमीपत्र
३. दस्त नोंदणी करणार आहोत का होय/नाही
४. मिरळतीचे थोडक्यात वर्णन —
५. मुद्रांक विक्री घेणाऱ्याचे नांव व सही बेलप्रेशर कॉलेज ऑफ नर्सिंग पांचगणी.
६. हस्त असल्यास त्याचे नांव पत्ता व सही कोरेबा जाधव - पांचगणी
७. दुसऱ्या पक्षकाराचे नांव —

TREASURY OFFICE Mahabaleshwar

05 APR 2022

SUB TREASURY OFFICER Mahabaleshwar

८. मुद्रांक शुल्क रक्कम १००x९=९००/-
९. परवानाधारक मुद्रांक विक्रेत्याची सही [Signature]
- तसेच मुद्रांक विक्री ठिकाण/तहसील कार्यालय आचार महाबळेश्वर
- नाम श्री प्रकाश श्रीपता कळंबे
- परवाना क्र. २३०७००९
- त्या कारणासाठी ज्याची मुद्रांक बरेदी केला त्यांनी त्याच कारणासाठी
- मुद्रांक बरेदी केल्यापासून ६ महिन्यात वापरणे बंधनकारक आहे

DECLARATION

I, the Principal of the Indian Red Cross Society Bel-Air College of Nursing 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- **..!! & ..!!** are not working in / at any other College /Institute or presented themselves at any inspection for the Academic Year 2022 -2023 , as per my knowledge and information provided by the concerned teachers. The teachers in the Annexure- **..!! & ..!!** 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- **..! & ..!!** 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 ..... day of .....20..... at.....

Date : .....

Place : .....



Signature of Dean/Principal



Name of the Signatory- Mrs. Priyadarsini John

**Principal**  
**Bel-Air College of Nursing**  
**Panchgani - 412805**