

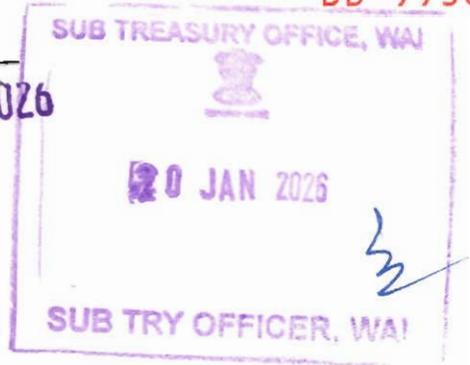


महाराष्ट्र MAHARASHTRA

2024

DD 993010

1. मुद्राक विक्री तोंदवही अनु.क्र. क्रिनाक. 1724
2. दस्तावा प्रकार Any 2 FEB 2026
3. दस्त नोंदणी करणार आहोत का होय/नाही
4. भिन्नकतीचे थोडक्यात वजन
5. मुद्राक विक्री घेणाऱ्याचे नांव व सही जेत लाल शिंदे
6. हस्ते असल्यास त्याचे नांव पत्ता व सही दीपू न. शिंदे
7. दुसऱ्या पक्षकाराचे नांव शिंदे
8. मुद्राक शुल्क रक्कम
9. पदाधिकारीक मुद्राक विक्रीसाठी सही व परवाना क्र. 2399006
मुद्राक विक्रीचे ठिकाण/पत्ता तहसिल कार्यालय वाई
नाम: श्री. रविशंकर उर्फ शिंदे
वरवाना क्र. 2399006
तहसिल कार्यालय वाई



ANNEXURE-XVI

DECLARATION

I, the Dean / Director/ 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 along with all Annexure is true and correct to my knowledge & Belief. 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 & VII** are not working in / at any other College /Institute or presented themselves at any inspection for the Academic Year 2026-2027, as per my knowledge and information provided by the concerned teachers. The teachers in the **Annexure- VI & VII** 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 & VII** are not practicing in College working hours or out-side the City where the College /Institute is situated.

Infrastructure Required as per MSR and Indian Nursing Council Norms is available and we have own building for Nursing Institute or Required Specified Constructed Area as per Norms Laid by Authorities for College and Hostel as per Intake capacity and further No Other Nursing Colleges Running in Same campus or In Same Building

I am further hereby declaring 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 of20.....at.....

Date :.....

Place:.....

Signature of Dean/Principal Name of

the Signatory- Dr. Priyadarsini John

Principal

Bel-Air College of Nursing

Panchgani - 412805

Date:

