महाराष्ट्र MAHARASHTRA ◐ 2024 ◐ CZ 115554

अनु.क्र. ६८४५७ दि. 30/12/24 दु.नि.सह.

दस्ताचा प्रकार प्रतिज्ञापत्र

सदर नोंदणी करण्यास आहेत का ? होय/नाही

मिळकतीचे वर्णन

मुद्रांक विकत घेणाऱ्याचे नांव प्रा. आयुर्वेद महाविद्यालय व संशोधन केंद्र

पत्ता निगडी पुणे

दुसऱ्या पक्षकाराचे नांव

खरेदी व्यक्तीचे नांव अधुव रोठे

सौ. व्ही. बी. शिंदे
परवाना क्र. २२०११५१
विठ्ठलवाडी, आकुर्डी, पुणे-३

मुद्रांक विकत घेणाऱ्याची सही

वरिष्ठ कोषागार अधिकारी
पुणे
22 JAN 2025
प्रथम मुद्रांक लिपीक
कोषागार पुणे करिता

ANNEXURE-XV

DECLARATION

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

I, the Dean / Director/ Principal of the **PDEA's College of Ayurved & Research Centre, Sector No. 25, Pradhikaran, Nigdi, Pune-411044** 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 teacher"s information attached in respective **Annexure-V, VIII-A & VIII-B** are not working in / at any other College / Institute or presented

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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, VIII-A & VIII-B** 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, VIII-A & VIII-B** 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 ....12.... day of 02.....20..25 at **Nigdi, Pune-411044**.

Date : 12.02.2025

Place : Nigdi, Pune-411044

Signature of Dean/Principal .....

Name of the Signatory- **Dr.Mrs. Ragini R. Patil**

Principal
P.D.E.A'S
College of Ayurved And Research Centre
Nigdi, Pune - 411 044.

(with Seal of the College / Institute)