



महाराष्ट्र MAHARASHTRA

2024

DM 746880



ANNEXURE-XVI

DECLARATION

I, the Dean / Director/ **Principal, M.V.P. Samaj's Institute of Nursing Education, Adgaon, Nashik** solemnly states an 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- XIII (A)&(B)** 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- XIII (A)&(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- XIII (A)&(B)** are not practicing in College working hours or out-side the City where the College /Institute is situated.

जोडपत्र-2

दस्ताचा प्रकार/ अनुच्छेद क्र. : _____
दस्त नोंदणी करणार आहेत का : _____ होय/नाही
असल्यास दुय्यम निबंधक कार्यालयाचे नांव : _____
मिळकतीचे वर्णन: _____
मोबदला रक्कम : _____ मुद्रांक शुल्क रक्कम : _____
मुद्रांक विकत घेणाऱ्याचे नांव व पत्ता : _____
दुसऱ्या पक्षकाराचे नांव : _____
हस्ते असल्यास नांव : _____
मुद्रांक विक्री नोंदवही अनुक्रमांक व दिनांक : _____
मुद्रांक विकत घेणाऱ्याची सही : _____

[Handwritten Signature]

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परवाना क्रमांक -20/90
नाशिक

ज्या कारणासाठी मुद्रांक खरेदी केला त्यांनी त्याच कारणासाठी मुद्रांक खरेदी केल्यापासून सहा महिन्यात वापरणे बंधनकारक आहे.

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 16th day of February 2026 at 11.00 am

Date: 16/02/2026

Place:- Nashik

Signature of Dean/Principal Name of the Signatory

(With Seal of the College/Institute)

Principal
M. V. P. Samaj's
Institute of Nursing Education
Adgaon, Nashik