



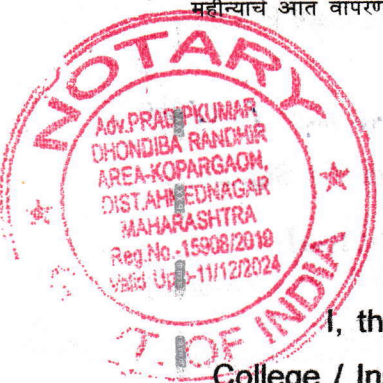
RASHTRA 2021 ZL 447082

अ. क. , दस्ताचा प्रकार :- संश्लेषण
दस्त नोंदणी करणार आहेत का. :- होय/नाही,
नोंदणी होणार असल्यास दुय्यम निबंधक कार्यालयाचे नांव :-
मिळकतीचे वर्णन :-
मोबदला रक्कम रु. :-
मुद्रांक विकत घेणाऱ्याचे नांव :- शा. प्र. संत जगदीश स्वामी आयुर्वेद मेडिकल
दुसऱ्या पक्षकाराचे नांव :-
हस्ते असल्यास त्याचे नांव व पत्ता :- रा. प्र. सं. कॉलेज डॉ. व. रिसमि रोड,
मुद्रांक शुल्क रक्कम रु. :- 900 x 2 कोपरगाव,
मुद्रांक विक्री नोंदवही क्र. :- 2856 दिनांक :- 06/06/2022
मुद्रांक विकत घेणाऱ्याची सही :-

कोपरगाव कार्यालय
कोपरगाव
पू दिनांक
2 JUN 2022

प्रकाश शं. गायकवाड, कोपरगाव,
परवाना क्र. १३/९५,
ज्या कारणासाठी मुद्रांक खरेदी केला त्याच कारणासाठी मुद्रांक खरेदी केल्यापासून ६,
महीन्याचे आत वापरणे बंधनकारक आहे.

NOTARY
NOTED & REGISTERED
at Serial No. 207/2022
Date:- 25/7/2022
THIS DOCUMENT
Contains 2 Pages.



DECLARATION

I, the Dean / Director/ Principal of the Dr Yogeshkumar Anandrao Gite 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 VII & VIII** 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 VII & VIII** 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 VII & VIII** 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 **Monday** day of **25 July 2022** at **Kopargaon, Dist. Ahmednagar.**

Date: 25/07/2022

Place: Kopargaon

Anil
I identify by
Anil Pandurangji Babale.

Anil
25.07.2022
Signature of Dean/ Principal

Dr. Yogeshkumar A. Gite
Name of the Signatory

Principal

Rashtrasant Janardhan Swami Ayurved
Medical College & Research Center
Kokamthan, Tal. Kopergaon-423601



Solemnly affirmed before me

by Dr. Yogeshkumar Anandras Gite.

identified by Anil Pandurangji Babale
whom I know personally.

P. B.