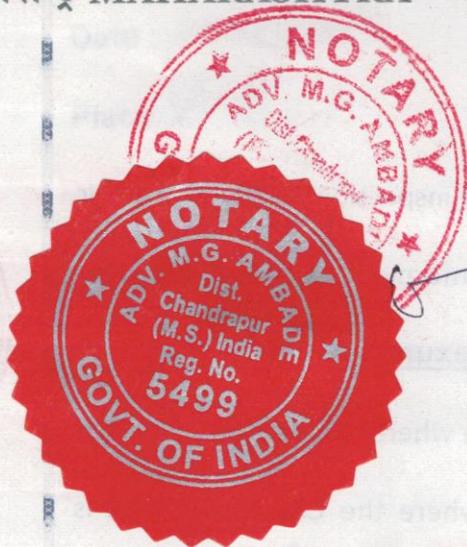




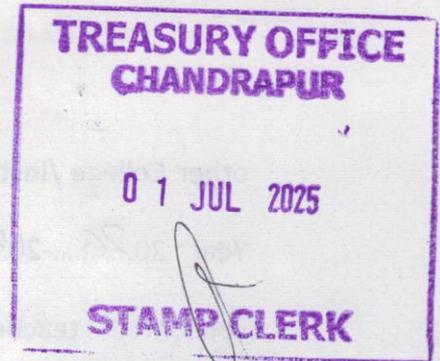
महाराष्ट्र MAHARASHTRA

2024

CU 631966



NOTARIAL REGISTRAR
ENTRY NO. 1393
DATE 10/2/2026



DECLARATION

I, the Director of the Sarita Devi College of Nursing, Wadgaon Werni Dist. Yavatmal

-445304.

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 & VIII, XIB are not working in / at any

दस्ताचा प्रकार/अनुच्छेद क्रमांक
 दस्त:नोंदणी करणार आहेत का ?
 नोंदणी होणार असल्यास
 दुय्यम निबंधक कार्यालयाचे नांव
 मिळकतीचे वर्णन
 मोबदला रक्कम
 मुद्रांक विकत घेणाऱ्यांचे नाव
 दुय्यम पक्षकाराचे नांव
 हस्ते असल्यास त्यांचे नांव व पत्ता
 मुद्रांक शुल्क रक्कम
 मुद्रांक विक्री नोंद वही अनु. क्र.
 मुद्रांक विकत घेणाऱ्यांची सही
 पणिष अरुण देशमुख, स्टॅम्प विक्रेता, चंद्रपूर
 Stamp Vendor/08/3172/2024 सही

कार्यालयिन कार्याळरिता
 महाराष्ट्र शिक्षण प्रसारक मंडळ, चंद्रपूर
 अध्यक्ष - पा. यश. आंबटकर
 रा.
 रु. ५००
 ७७०९ दि. ०८/०९/२०२५

other College /Institute or presented themselves at any inspection for the Academic Year 20~~26~~²⁶-20~~27~~²⁷....., as per my knowledge and information provided by the concerned teachers. The teachers in the Annexure- VI, VII &

XIII A, XIII 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- VI, VII & XIII A, XIII B 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...20.....day of
feb.....2026 at...Wadgaon, Wani.

Date : 20/02/2026

Place: Wani



SIGNED BEFORE ME

Mrs. M. G. Ambade, Advocate
NOTARY (Govt. of India) Chandrapur

Signature of

Dean/Principal

Name of the

Mr. P.S. Ambekar

Signatory-

[Signature]

President / Secretary

(With Seal of the College/Institute)
Maharashtra Shikshan Prasarak Mandai

Date:

