

महाराष्ट्र MAHARASHTRA है। काषागार जळगाव ाणित करण्यात आलेला आहे 2 4 JAN 2025

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ANNEXURE-XII

DECLARATION

I, the Principal of the DE. Arimach. E. Mahijan.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 Annexures is true and correct to the best of my knowledge. The said information is provided tome by the concerned teachers and duly verified by me. It is further submitted the teachers information attached in respective Annexure-VI (a) are not working in / at any other College /Institute or presented themselves at any inspection for the Academic Year 20 as per my knowledge and information provided by the concerned teachers. The teachers in the Annexure-VI (a) are staying in the same city / town / village where the College / Institute is situatedor adjacent tothe 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 (a) are not practicing in college working hours or out-side the city where the College /Institute is situated.



वस्ताचा प्रकार- २४ हिल दस्त मोंदणी कर तब आतेल का? मोंदणी होणार 🐂 दार्याल्याचे मांच-सह त 🏷 มูลเล ลิสาร อาการ์ กล-รัก มิติการ: (เตกาน ทรเการาชมา

दुसादा गराज्याती सोव-

हरते का का के विकास कि मुदांस : स रेगान-900 -11-52 38202 A. Sol 9/2024 yala 1440 - 1-11-11-1-

a सी.हलाः अलिल चौधरी लावरीग्रा ७.३ / ०२ छा.मुदांक विकेसा मामनियम याजी जलगांव मो.८९४९३३७२५८



I further hereby declare that every information or content 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.

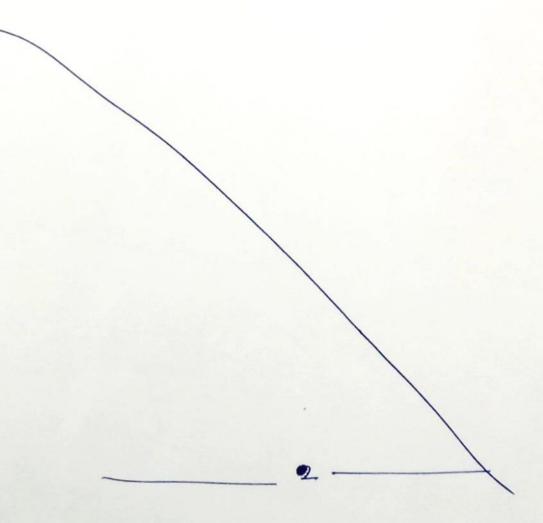
This declaration is voluntarily signed by me on.....day of......20.....at.....

Date: 12/02/2025 Place: Jalgam



Signature of Principal Name of the Signatory-(with Seal of the College/Institute)

अधिष्ठाता शासकीय होमिओपॅथिक वैद्यकीय महाविद्यालय,जळगांव



lardcopy of this Annexure must be submitted to the University.