



महाराष्ट्र MAHARASHTRA

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अनुक्रमांक २५२८ दिनांक २५/११/२०२३ रूपय १००/-
मुद्रांक कोणत्या कारणासाठी वापरण्याचा आहे.....
मुद्रांक मुद्रांक अधिनियम १९५८ चे अनुच्छेद क.....
मुद्रांक वापरणाराचे संपूर्ण नांव.....
संपूर्ण पत्ता.....
हस्ते व्यक्तीचा संपूर्ण नांव.....
पत्ता.....



(श्री. शेखर रामचंद्र जाधव)
७९, रामाजी गोट, सातारा,
परवाना क्र. २३०१००६
दु. नि. का. सातारा क. ९
मुद्रांक विक्रेता

मुद्रांक धारकाची/हस्ते व्यक्तीची सही

ज्या कारणासाठी ज्यांनी मुद्रांक खरेदी केला त्यांच कारणासाठी
मुद्रांक खरेदी केल्या पासून ६ महिन्यात वापरणे बंधनकारक आहे.



DECLARATION

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

I, the Dean of the **Sawkar Ayurvedic Medical College & Sawkar Ayurvedic Hospital Satara** 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. Thesaid 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 2024 -2025, 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 Saturday day of 19 Jan 2024 at Satara.

Date : 19/01/2024

Place : Satara




Dr. Shrikant Vijay Kashikar
M.D. Shalya
Dean
Sawkar Ayurvedic Medical College &
Sawkar Ayurvedic Hospital, Satara