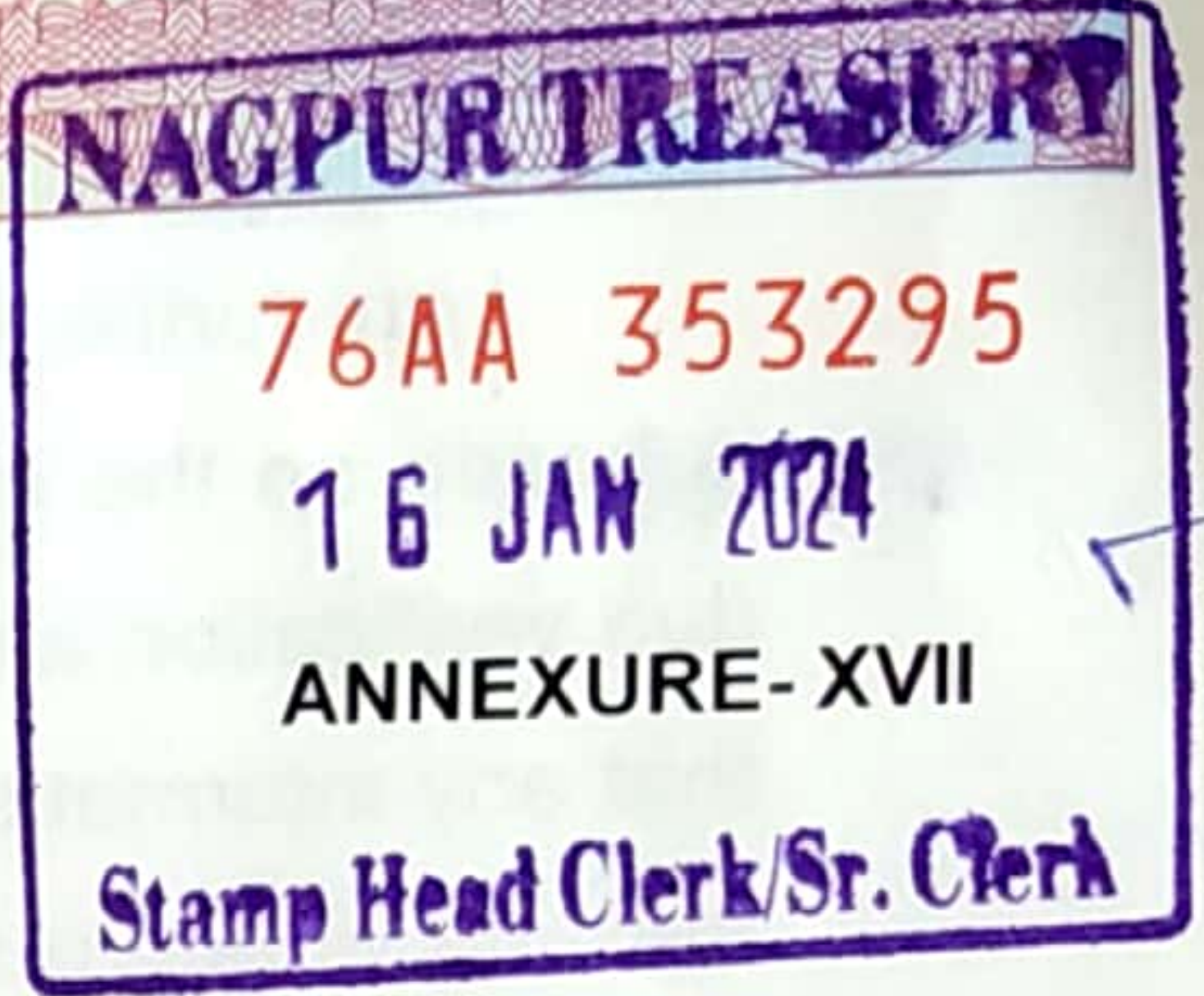
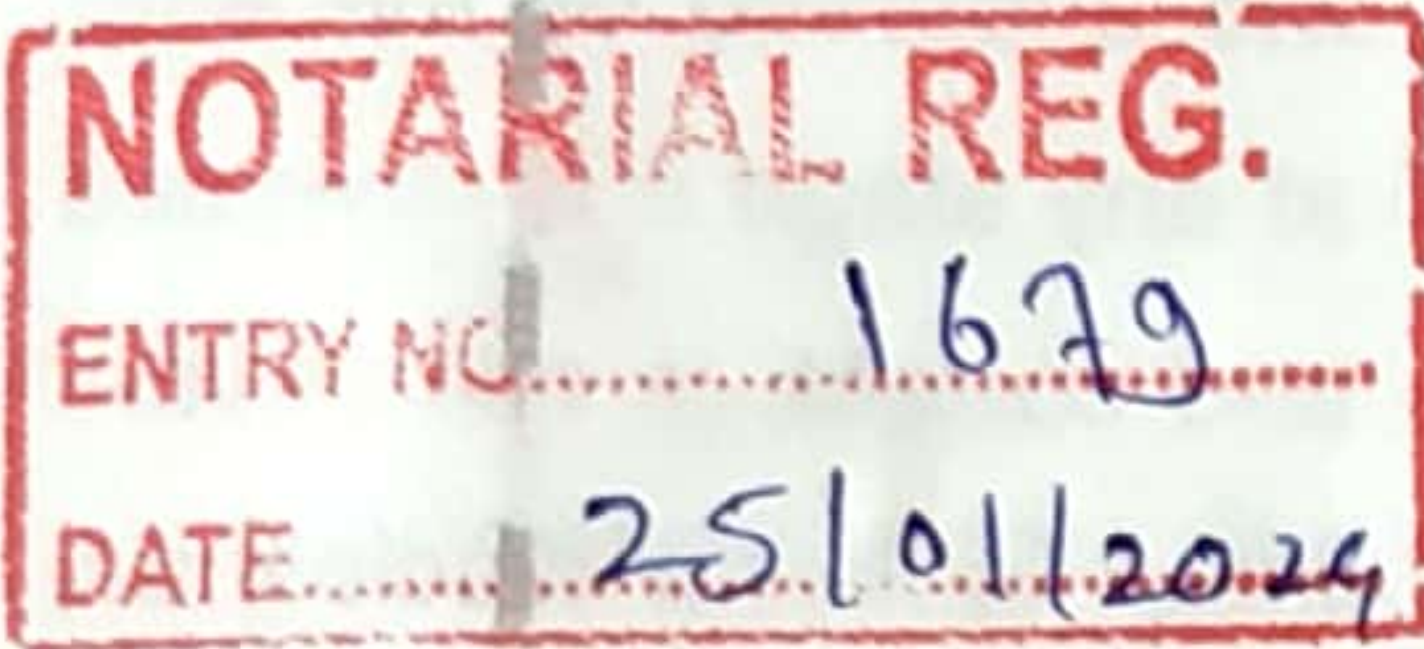




महाराष्ट्र MAHARASHTRA

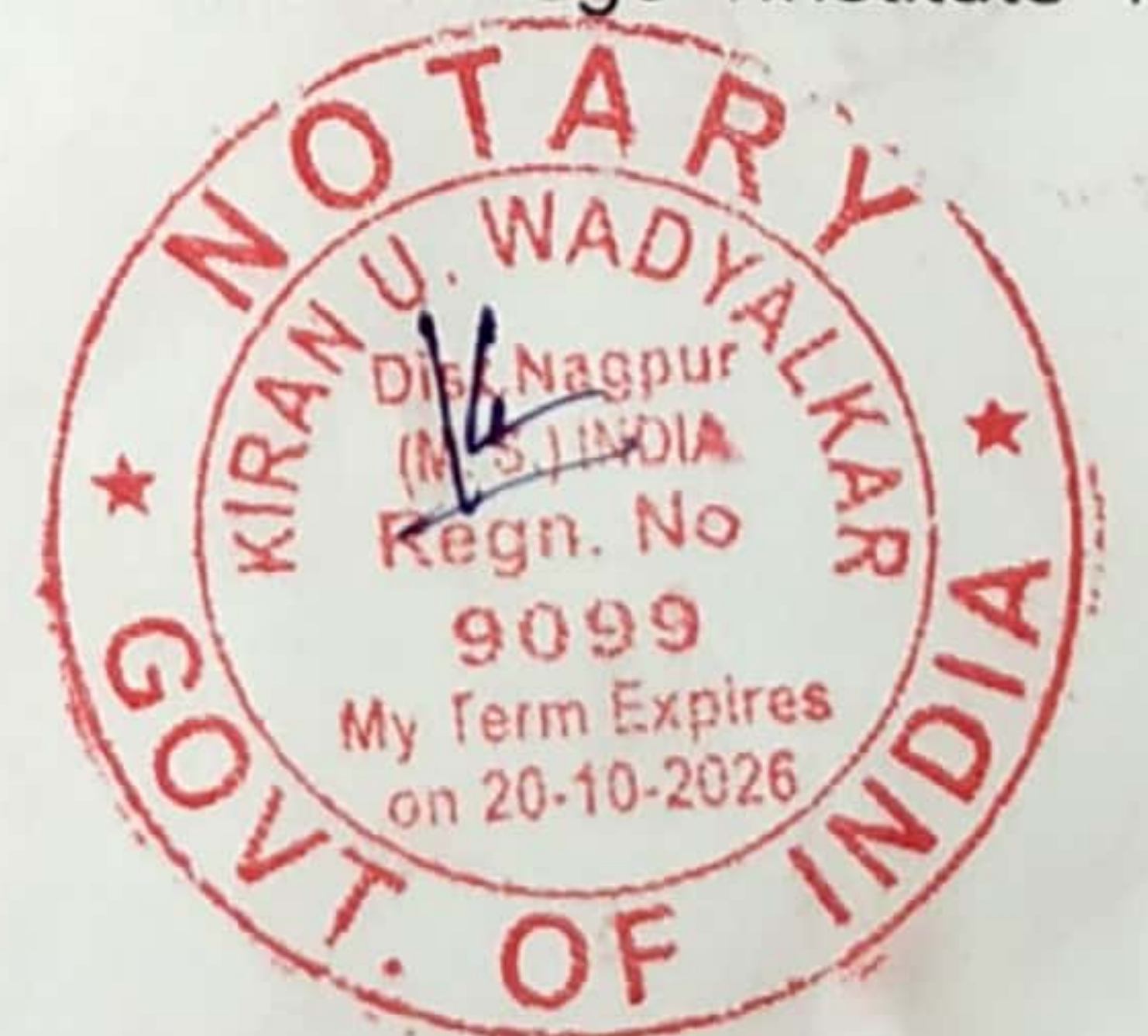
2023



DECLARATION

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

I, the Dean / Director/ Principal of the **Dr. Raj Gajbhiye.. 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 to me by the concerned teachers and duly verified by me. It is further submitted the teachers information attached in respective **Annexure- VIII & X** 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- VIII & X** 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- VIII & X** are not practicing in College working hours or out-side the City where the College /Institute is situated.



1	मुद्रांक/चित्री नोंदवही अनु. क्रमांक- / दिनांक (Serial No. / Date)	77 JAN 2024
2	दस्तावेजा प्रकार (Nature of document)	34032 LIC
3	दस्तावेजा प्रकार अंतर्गत का ? (Whether it is to be registered?)	होय नाही (as per)
4	प्रिमेर/प्रिमेरचे वर्णन (Primer's Description in brief)	PSN दिवशी दिवशी मिशन
5	मुद्रांक प्रिमेर/प्रिमेरचे नाव व सही (Stamper's Name & Signature)	एच
6	हजेर अंतर्गत कोणत्या व्यक्ती (If through other person Name, Address & Signature)	दिवाडी मिर
7	दुसऱ्या पक्षाचे नाव (Name of the other party)	CS
8	मुद्रांक शुल्क रक्कम (Stamp Duty Amount)	
9	परवानग्यासक मुद्रांक चित्रीयाची सही य परवाना क्रमांक तसेच मुद्रांक चित्रीये ठिकाण/पत्ता	

Stamp Vendor
L. No. 11 / 1996
Rajhul Nagar, Nagpur
Code No. 4601045

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 day of January..2024 at Nagpur.

Date :
Place : Nagpur

[Handwritten Signature]

Signature of Dean/Principal
Name of the Signatory- Dr.Raj Gajbhiye
(with Seal of the College / Institute)

DEAN
GOVT. MEDICAL COLLEGE,
NAGPUR

ATTESTED

[Handwritten Signature]
KIRAN U. WADYALKAR
NOTARY
Dist Nagpur (M.S.) INDIA

THE NOTARY PUBLIC DOES NOT
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LIABILITY FOR LEGALITY IN
PURSUANCE OF DOCUMENT /
WITNESS AND FULFILMENT

