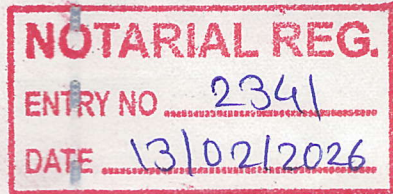


महाराष्ट्र MAHARASHTRA

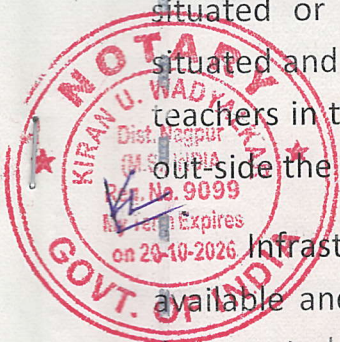
● 2025 ●



DECLARATION



I, the Dean / Director/Principal of the College of Nursing, GMC Nagpur 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-VII.&are not working in /at any other College Institute or presented themselves at any inspection for the Academic Year 2025-2026 as per my knowledge and information provided by the concerned teachers. The teachers in the Annexure-VII &.... 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 & ----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

4/11/11

१) दस्तावेजाचा प्रकार / अनुक्रमांक	
२) दस्त नोंदणी करणारा आहेत काय?	होय/नाही
३) नोंदणी होणार असल्यास दुय्यम निबंधक कार्यालयाचे नाव	दुय्यम निबंधक कार्यालय
४) मिळकतीचे वर्णन	
५) मोबदला रक्कम	
६) मुद्रांक विकत घेणाऱ्याचे नाव	श्री. वि. वि. वि. ३५५५ १९५५
७) दुसऱ्या पक्षकाराचे नाव	श्री. वि. वि. वि. ३५५५ १९५५
८) दस्त असल्यास त्याचे नाव व पत्ता	
९) मुद्रांक शुल्क रक्कम	२०००
१०) मुद्रांक विक्री नोंद वही अनुक्रमांक	११२१२०२६
११) मुद्रांक विकत घेणाऱ्याची सही	
अशोक एम. बोकेडे	मुद्रांक विक्रेता ला.क्र. ६/८६ कोड क्र. ४६०१०२५ जिल्हाधिकारी परिसर त. कार्यालय नागपूर(शहर)

RECEIVED
02 12 11
11/11/11

TRIAL REG.
11/11/11



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 13th day of February 2026 at Nagpur

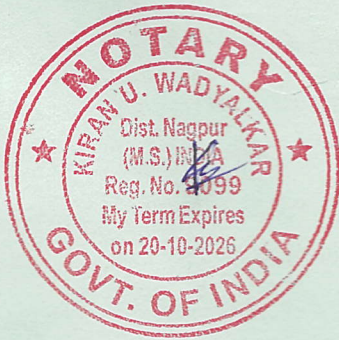
Date : 13/02/2026

Place : CON, GMC, Nagpur

Plate
Signature of Dean/Principal Name
Principal
of the Signatory **College of Nursing**
Govt. Medical College, Nagpur

(With Seal of the College/Institute)

Date -



ATTESTED

[Signature]

KIRAN U. WADYALKAR
NOTARY
TH. DIST. NAGPUR (M.S.) INDIA

