



महाराष्ट्र MAHARASHTRA

2024

CU 069988

Noted & Registered
Serial Number

2109/2025

17 FEB 2025



ANNEXURE-XVI

DECLARATION

I, Mr. Abhaykumar Shamrao Gaikwad Principal of the GPMT'S INSTITUTE OF NURSING SCIENCES, MIRAJ College 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 teacher's information attached in respective Annexure- VI & VII are not working in /at any other College /Institute or presented themselves at any inspection for the Academic



दस्तावा प्रकार/अनुच्छेद क्रमांक- (Nature of Document Article No.)	इस्तेकशत लखिनाम
दस्त नोंदणी करणार आहेत का ? (Whether it is to be Registered)	—
नोंदणी होणार असल्यास द्याय गिर्जाकार्यावाचे नांव- (If Registrable Name of S.R.O.)	—
विक्रीची वर्णन- (Property Description in brief)	—
नोंदणी रक्कम- (Consideration Amount)	—
मुद्रांक विकत घेणाऱ्याचे नांव- (Stamp Purchaser's Name)	GPMT's Institute of Nursing Sciences, Miraj.
दस्तावा पदनाम- (Name of Other Party)	म. अ. वि. वि. जालिक
इस्तेकशत लखिनाम- (If through other party)	अश्वेत प्रश्वेत दायित मिरज
मुद्रांक मुद्रांक क्रमांक- (Stamp Date/No.)	900 F
मुद्रांक विकत घेतलेली तारीख / दि- (Serial No./Date)	30/1/2024
मुद्रांक विकत घेणाऱ्याची सही- (Stamp Purchaser's Sign)	

परवानाधारक मुद्रांक विक्रेत्याची सही-
मुद्रांक विक्रेत्याचे नांव- हरिविजय महादेव देवधर
अधिकृत परवाना क्रमांक. २४०६०००
मुद्रांक विक्रीचे ठिकाण-देवधर वाडा, ग्राम (म. अ. वि. वि. जालिक, मिरज)
(ज्या कारणासाठी ज्याची मुद्रांक खरीदी केला आहे त्याचा खर्चासाठी
(द्राक खरेदी केलेल्यामुळे ६ महिन्यांचे आत वापरचे बंधनकारक आहे।)

Year 2025-2026 as per my knowledge and information provided by the concerned teachers. The teachers in the **Annexure- VI & 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- VI & 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

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 17th February 2025 day of at 9.00 am

Date :17-02-2025

Place : Miraj

Abhaykumar
Signature of Principal

Name: Mr. Abhaykumar Shamrao Gaikwad

Principal
GPMT's Institute Of
Nursing Sciences, Miraj



BEFORE ME

M. B. Patil

Adv. MARUTI B. PATIL
NOTARY REG. NO. 5289
GOVT. OF INDIA
VAISHNATHAPPT, 52, BRUNNENBURG, MIRAJ - 416 010, IND. SEC. 1749
NOTARY/EXP. DT. 31/11/2028

