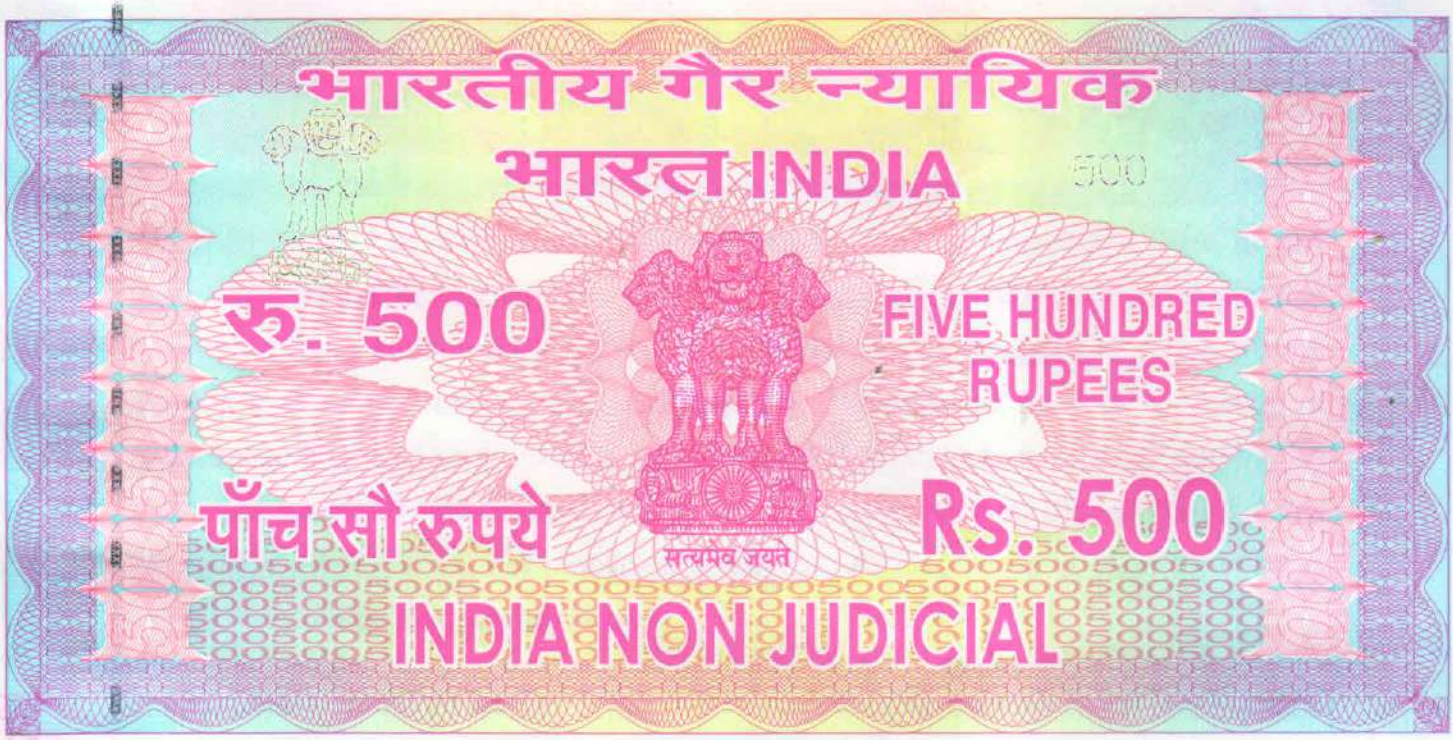



महाराष्ट्र MAHARASHTRA ◐ 2025 ◐ EP 660401

18 FEB 2026 500/-

अनु.क्र. 78333 दि..... मु.शु.रक्कम.....

दस्ताचा प्रकार ..... प्रतिज्ञापत्र

दस्त नोंदणी करणार आहेत का ? होय / नाही.

मिळकतीचे वर्णन .....

मुद्रांक विकत घेणाऱ्याचे नांव विद्यालय डोळस्कर प्रेम गार्डिन

पत्ता .....

दुसऱ्या पक्षकाराचे नांव .....

हस्ते व्यक्तीचे नांव व पत्ता .....

सह दुय्यम निबंधक हवेली क्र. ५

13 FEB 2026

प्रथम मुद्रांक लिपीक
कोषागार पुणे करिता

श्रीमती उज्वला अशोक चावट
परवाना क्र. २२०१०८१
कदमवाकवस्ती, ता हवेली जि पुणे

मुद्रांक विकत घेणाऱ्याची सही

ज्या कारणासाठी त्यांनी मुद्रांक खरेदी केला त्यांनी त्याच कारणासाठी मुद्रांक खरेदी कोषागारातून 6 महिन्यात वापरणे बंधनकारक आहे.

NOTARY
PRAKASH G. BHALERAO
Regd. No. 2332
AREA DIST. PUNE
EXPIRY DT. 4/12/2027
GOVERNMENT OF INDIA

**ANNEXURE-XVI**

**DECLARATION**

I, the Dean / Director/ Principal of the MAEER'S Vishwaraj Institute of Nursing, Loni Kalbhor, Pune 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 – VI & 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 – 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 21st day of February 2026 at 02.00pm.

**Date :** 21 / FEB /2026
**Place :** Pune

**Prof. Dr. Shivcharan Singh Gandhar**
**Principal**
PRINCIPAL
MAEER MIT's VishwaRaj Institute of Nursing
Loni-Kalbhor Pune Pin- 412201

BEFORE ME

PRAKASH G. BHALERAO
NOTARY
GOVT. OF INDIA
REG. NO. 2332
Noted & Registered At
Serial No. 255/2026
21 FEB 2026