

महाराष्ट्र MAHARASHTRA
 16 JAN 2025
 मुद्रांक प्रमुख लिपीक
 उत्रपती संभाजीनगर

2024

22 JAN 2025

CS 274629

अनुक्रमांक 4513 किनांक 1/1
 हस्ते प्रविण इंडोरी
 करिता 22 JAN 2025
 औरंगाबाद जिल्हा वकील संघ प्रा.सह.
 ग्राहक सं.(म.) औरंगाबाद करिता
 परवाना क्रमांक - 3104006

ANNEXURE-XII

DECLARATION

I, the Principal of the DKMM HOMOEOPATHIC MEDICAL COLLEGE & HOSPITAL,
 CHH.SAMBHAJINAGAR/ 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-VI(a) are not working in /at any other College/Institute or
 presented themselves at any inspection for the Academic Year 2025 to 2026, as per my

knowledge and information provided by the concerned teachers. The teachers in the Annexure-VI (a) 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(a) are not practicing in College working hours or out -side the City where the College/Institute is situated.

I 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 of affiliation of the College shall be withdrawal, as the case may be.

This declaration is voluntarily signed by me on 30.day of 01/ 2025. at.
Chh.Sambhajinagar.

Date.-30/01/2025

Place. - Chh.Sambhajinagar

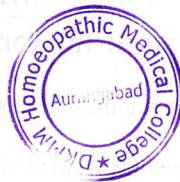
Shalini

Signature of Principal

Name of the Signatory-

Dr. Shalini Rajendra Ankushe

(With Seal of the **PRINCIPAL**
J.K.M.M. HOMOEOPATHIC
College/Institute) **MEDICAL COLLEGE**
AURANGABAD - 431 604



BEFORE ME

Sanjay
30.1.25

SANJAY SATESH PATEL
ADV. NOTARY GOVT. OF INDIA
Area-Supari Hanuman Road,
Aurangabad (M.S.)
Regd. No. 7907/2010



30 JAN 2025