



महाराष्ट्र MAHARASHTRA

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मुद्रांक विद्वाने नोंदवही अ.क्र.

मुद्रांक शुल्क रक्कम

मुद्रांक विकत घेणाऱ्याचे नाव

हरते, असल्यास नाव व पत्ता

परयनाधारक मुद्रांक विकत घेणाऱ्याचा

प.क्र. ३७०९००९

मुद्रांक विकत घेणाऱ्याचे पत्ता

पत्ता: एम.एस. मुळे

मुद्रांक नियंत्रक कार्यालय नं. १ लातूर

मुद्रांक विकत घेणाऱ्याची

38427 दि. 05/02/2025

यशवंत, वसन्तराव काले

सही [Signature]



DECLARATION

6 FEB 2025

I, the Principal of the Vasantrao Kale Homoeopathic Medical College & Hospital, Latur 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- VI (a) 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 (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 or Affiliation of the College shall be withdrawal, as the case may be.

This declaration is voluntarily signed by me on day of 2025- 2026 at Latur.

Date: 05/02/2025

Place: Latur

Signature of Principal

Principal
Vasantrao Kale Homoeopathic
Medical College & Hospital M.I.D.C
Latur

6 FEB 2025

Name of the Signatory- Dr. Khamitkar S. C.

BEFORE ME

Adv. P.V. Kalure
Notary Govt. of India
Latur, Dist.Latur
Mob. No. 9058620581

6 FEB 2025

