



महाराष्ट्र MAHARASHTRA

2023

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834990 4 JUL 2023

दि.....मु.गु.रकम.....

दस्तावेज प्रकार.....

दस्त नोंदणी करणार आहेत का ? होय/नाही.

मिळकतीचे वर्णन.....

पुढांके विकत घेणाऱ्याचे नांव.....

वत्ता.....

दुसऱ्या पक्षकाराचे नांव.....

हस्ताक्षरीचे नांव व वत्ता.....

SANGIETAA LOKANDE

परवाना क्र. २२०९९२४

पुढांक विकत घेणाऱ्याची सही बोजेज हॉटेल कमण्डेड, बंडगाउन रोड, पुणे-९

म्ह. करबासाठी ज्यांनी पुढांक खरेदी केला, त्यांनी त्याच कारणासाठी पुढांक
जेटी केन्वायानुन ६ महिन्यात वापरणे बंधनकारक आहे



03 JUL 2023

प्रथम मुद्रांक लिपीत
कोषागार पुणे तारित

DECLARATION



DECLARATION

(To be prepared on a Stamp Paper Rs.100)

I, **SHUBHADA KALE**, the Principal of the **Tehmi Grant Institute of Nursing Education (TGINE)** solemnly state on affirmation that the information provided by me in the 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 & VII** are true and correct and the said teachers are not working in / at any other College /Institute or presented themselves at any inspection for the Academic Year 2023-2024 as per my knowledge and information provided by the concerned teachers. The teachers named in the **Annexure- VI & VII** are residing in the same city i.e. in Pune, Maharashtra State, where the **Tehmi Grant Institute of Nursing Education College /Institute** is situated and **Tehmi Grant Institute of Nursing Education** has a valid proof of residence of the teachers in Pune City. The teachers named in the **Annexure- VI & VII** are not working in any other College during their working hours or anywhere out-side the City of Pune where the **Tehmi Grant Institute of Nursing Education 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 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as the case may be, shall be liable for disciplinary action or penal action or Affiliation of the College shall be withdrawn, as the case may be

This declaration is voluntarily signed by me on day of July 2023 at Pune

Date : 04.07.2023

Place : Pune



Shubhada Kale

Signature of Principal
Name of the Signatory **SHUBHADA KALE**
(with Seal of the College / Institute)

ATTESTED BY

A. Rashid D. Sayed
Notary, State of Maharashtra
PUNE

Noted & Registered
At Sr. No. **138256/2023**

4 JUL 2023