



महाराष्ट्र MAHARASHTRA

2024

DA 209551

6 FEB 2025

2004429 दि. म. शु. रक्षक. 400

जाचा प्रकार 13cm रोल
दस्त नोंदणी करणार आहेत का? होय/नाही.

मिळकतीचे वर्णन

मुद्रांक विकत घेणाऱ्याचे नांव
पत्ता T. G. N. E.
Lachwala Rd pune

दुसऱ्या पक्षकाराचे नांव

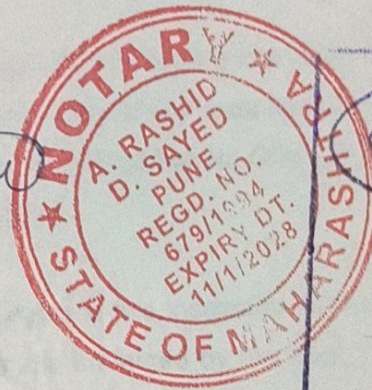
हस्ते व्यक्तीचे नांव व पत्ता Poonam Pillay, Sasoon Rd Pune

SANGIETAA LOKANDE

परवाना क्र. 2209928

मुद्रांक विकत घेणाऱ्याची सही मोदोज हॉटेल कम्पाऊंड, बंडगार्डन रोड, पुणे-१

या कारणासाठी ज्यांनी मुद्रांक खरेदी केला, त्यांनी त्याच कारणासाठी मुद्रांक
बरेदी केल्यापासून ६ महिन्यात वापरणे बंधनकारक आहे



वरिष्ठ कोषागार

पुणे

31 JAN 2025

प्रथम मुद्रांक लिपीक
कोषागार पुणे करिता

DECLARATION



DECLARATION

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 my knowledge and belief. The said information is provided to me by the concerned teachers and duly verified by me. It is further submitted that the information about the teachers 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 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 having **valid proof of residence** of the teachers in Pune City. The teachers named in the **Annexure- VI & VII** are not practicing in college hours out-side the City of Pune where the **Tehmi Grant Institute of Nursing Education** College /Institute is situated.

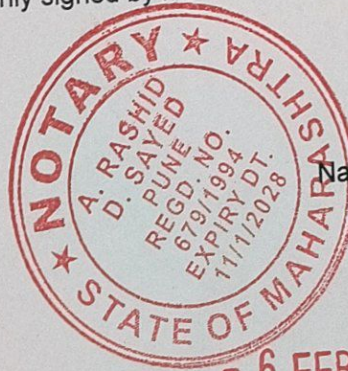
Infrastructure required as per MSR and Indian Nursing Council Norms is available and we own the building for Nursing Institute or Required Specified Constructed Area as per Norms Laid by Authorities for College and Hostel as per Intake capacity and further No Other Nursing Colleges are Running in the Same campus or In the Same Building

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 6th day of February 2025 at Pune

Date : 06/02/2025

Place : Pune



6 FEB 2025

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.

A1880/2025