



महाराष्ट्र MAHARASHTRA

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EP 850993

22 JAN 2026

3000000 दि. न. रु. रकम 500/-

लक्षा प्रकार Affidavit

दस्त नोंदणी करणार आहेत का ? होय/नाही.

मिळकतीचे वर्णन

मुद्रांक विकत घेणाऱ्याचे मुद्रांक Tehani Grant Inst. of Nsg. Edu.
पत्ता Tadiwala Road, Pune

दुसऱ्या पक्षकाराचे नांव

हस्त व्यक्तीचे नांव व पत्ता Pannam Pilly, Sassoon Road, Pune

SANGHETAA LOKANDE

परवाना क्र. 2209928

मुद्रांक विकत घेणाऱ्याची सही मोबोज हॉटेल कम्पाउंड, बंडगार्डन रोड, पुणे- १

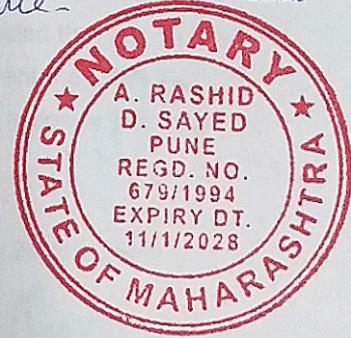
ज्या कारणासाठी ज्यांनी मुद्रांक खरेदी केला, त्यांनी त्याच कारणासाठी मुद्रांक
खरेदी केल्यापासून ६ महिन्यात दापरणे बघनकारक आहे

DECLARATION



14 JAN 2028

प्रथम मुद्रांक लिपीक कोषागार पुणे करिता



DECLARATION

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 true and correct and none of the teachers named therein are working in / at any other College /Institute or presented themselves at any inspection for the Academic Year 2026-2027 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 all are having valid proof of their residence in Pune City. The teachers named in the Annexure- VI & VII are not practicing during college working hours outside the City of Pune where the Tehmi Grant Institute of Nursing Education College /Institute is situated.

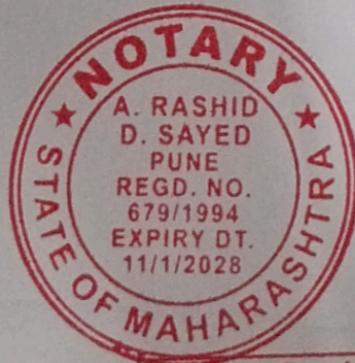
Infrastructure required as per MSR and Indian Nursing Council Norms is available at our TGINE and we own the building for Nursing Institute and the Required Specified Constructed Area as per Norms Laid by Authorities for College and Hostel as per Intake capacity and we further confirm that No Other Nursing 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 this 21st day of January 2026 at Pune

Date : 21 /01/2026

Place : Pune



22 JAN 2026

Noted & Registered
At Sr. No.: B977/2026,

Kale
Signature of Principal

Name of the Signatory: SHUBHADA KALE
(with Seal of the College / Institute)

ATTESTED BY

A. Rashid D. Sayed
A. RASHID D. SAYED
ADVOCATE & NOTARY
STATE OF MAHARASHTRA
PUNE