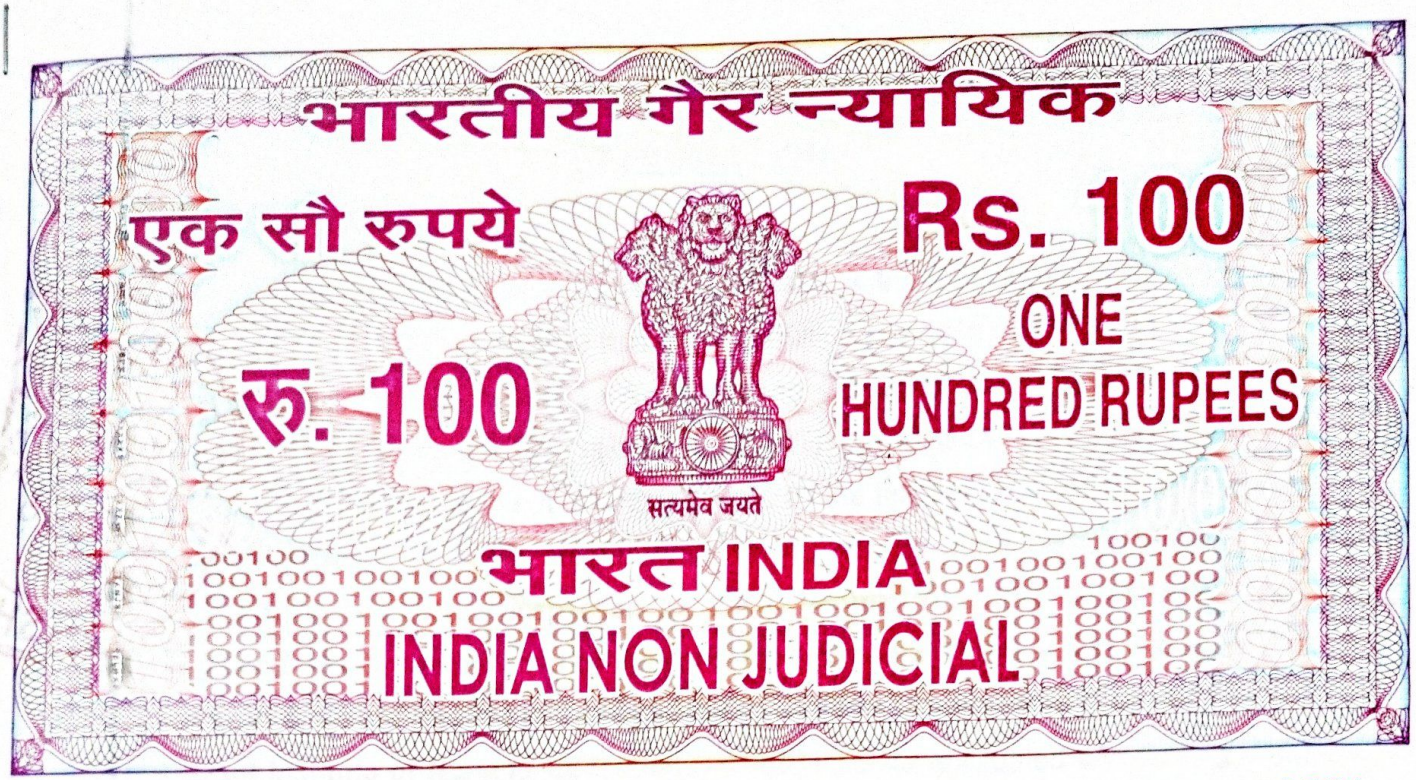

महाराष्ट्र MAHARASHTRA ◐ 2023 ◐ 85AA 460501

दि. 17 JAN 2024 मु.शु.रक्कम

दस्ताचा प्रकार अफिडेविट

दस्त नोंदणी करणार आहेत का ? होय/नाही.

बिळकतीचे वर्णन

मुद्रांक विकत घेणाऱ्याचे नांव

पत्ता

दुसऱ्या पक्षकाराचे नांव

हस्ते व्यक्तीचे नांव व पत्ता SANGIETAA LOKANDE

परवाना क्र. २२०११२४

मोबोज हॉटेल कम्पाऊंड, बंड गार्डन रोड, पुणे-१

मुद्रांक विकत घेणाऱ्याची सही

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

NOTARY ★ STATE OF MAHARASHTRA ★
A. RASHID D SAYED
PUNE
REGD. NO. 679/1994
EXPIRY DATE 11/1/2028

दस्त क्रमांक लिपीक दुय्यम निबंधक सह दुय्यम निबंधक पुणे वर्ग २

10 JAN 2024

DECLARATION

ANNEXURE- XIII

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 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 not working in / at any other College /Institute or presented themselves at any inspection for the Academic Year 2024-2025 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.

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 16 day of January 2024 at Pune

Date : 16/01/2024

Place : Pune

STATE OF MAHARASHTRA ★ NOTARY ★ A. RASHID D. SAYED PUNE REGD. NO. 67/9/1994 EXPIRY DATE 11/1/2028

Signature of Principal

Name of the Signatory **SHUBHADA KALE**

(with Seal of the College / Institute)

PRINCIPAL
TEHMI GRANT I.N.E.
RUBY HALL CLINIC, PUNE

TEHMI GRANT INSTITUTE OF NURSING EDUCATION R.H.C. PUNE-1

ATTESTED BY

A. Rashid D. Sayed
Notary, State of Maharashtra
PUNE 17 JAN 2024

Noted & Registered
At Sr. No. B101/2024

NOTARIAL NOTARIAL NOTARIAL NOTARIAL NOTARIAL