

महाराष्ट्र MAHARASHTRA

2022

45AA 158165

प्रतिज्ञापत्र / बँकेसाठी

अनु. क्र.: २१४२६ दि. २१/०५/२००४ मुल्य २

१) मुद्रांक विकत वेणुवाचे नांव : डॉ. सुनील सुनील

२) पत्ता :

३) हस्ते व्यक्तीचे नांव :

४) पत्ता :

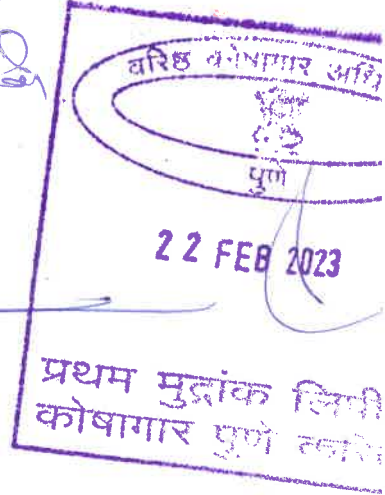
मुद्रांक वेणुवाची सही

दिपक प्र. कुदर्वे (मुद्रांक विकेता)

परवाना क्र. २२०११३६

६८०, तावुत स्ट्रीट, पुणे-१.

शासकीय कार्यालयातमोर/न्यायालयासमोर प्रतिज्ञापत्र सादर करणेसाठी मुद्रांक कागदाची आवश्यकता नाही. (शासन आदेश दि. ०१/०५/२००४ नुसार)



ANNEXURE- XVI

DECLARATION

I, the Dean / Director/ Principal of the ZVM Unani Medical College & Hospital, Pune 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

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me. It is further submitted the teacher's information attached in respective Annexure- VIII & XIII-B & C 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 in the Annexure- VIII & XIII-B & C 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- VIII & XIII-B & C are not practicing in College working hours or out-side the City where the College /Institute are situated.

I am 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 Wednesday of 15-03-2023 at.....Pune.

Date :

Place :



Signature of Dean/Principal
Name of the Signatory-
Dr. Akhtar Husain Farooqui
(with Seal of the College / Institute)

PRINCIPAL
Z.V.M. UNANI MEDICAL COLLEGE & HOSPITAL
PUNE-411 001

BEFORE ME

ASLAM B. SHAIKH
NOTARY GOVT. OF INDIA
PUNE MAHARASHTRA
NOTED AND REGISTERED
AT SERIAL NUMBER 946

15 MAR 2023

2023

