

महाराष्ट्र MAHARASHTRA

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DS 175746



12 DEC 2025

उपकोषाक्षर अधिकारी, लंगमनेर

मुद्रांक विभागी नं० द वही अनुक्रमांक	११६३	दिनांक :- १२/०९/२०२६
दस्तावचा प्रकार		दस्त नं०दणी करणार आहात का
मुद्रांक विकत घेणाऱ्याचे नाव व पत्ता		प्रिलिपल आ०.स्ट. युजाळ कॉलेज टोफ बि. इन्ही नाहिज
हस्ते असल्यांस त्याचे नाव व पत्ता		युजाळ वाडी पॅकॅग एम स० २१ फॅर्मो व्हिप्पा
मुद्रांक घेणाऱ्याची सही		<u>Separation</u>

DECLARATION

ANNEXURE-XVI

I, the Dean / Director/ Principal of the R. S. Gunjal College of B.Sc Nursing College/ Institute solemnly states on affirmation, that the information provided by me in Inspection Format as well as uploaded on College Website along with all Annexure is true and correct to my knowledge & Belief. 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-VII & XIII(A) 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 in the Annexure-VII & XIII(A) 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-VII & XIII(A) are not practicing in College working hours or out-side the City where the College /Institute is situated.

Infrastructure Required as per MSR and Indian Nursing Council Norms is available and we have own 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 Running in Same campus or In Same Building

I am further hereby declaring 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 Saturday day of January 2026 at Gunjalwadi Pathar, Sangamner.

Date : 17/01/2026

Place: Gunjalwadi Pathar, Sangamner

IDENTIFIED BY
F.B.I.D.
Gunjal P.B.



Mr. Faruq Dilawar Madar
Principal
R. S. Gunjal College of B.Sc. Nursing
Gunjalwadi Pathar, Tal. Sangamner, Dist. A'Nagar

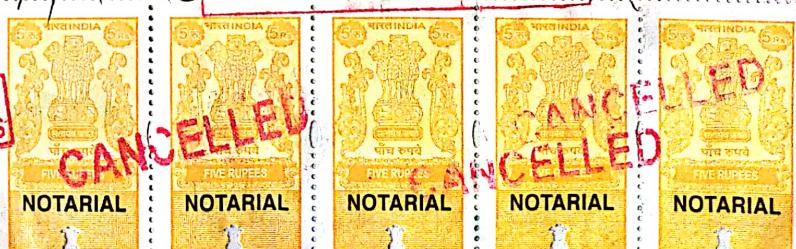
BEFORE ME

Donaqueel
R.B. Sonawane
Notary Govt. of Maharashtra

**NOTED & REGISTERED
AT SERIAL NUMBER**

Date 22/1/2026

**THIS DOCUMENT
CONTAINS 2 PAGES**



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