



महाराष्ट्र MAHARASHTRA

2024

06AB 387642

दस्तावेज प्रकार/अनुच्छेद क्रमांक -

दस्तावेज प्रकार -

दस्त नोंदणी करणार आहेत का. - (होय/नाही)

नोंदणी प्रमाण असल्यास मुख्य क्रमांक -

मिळकतीचे वर्णन -

मुद्रांक विकत देणाऱ्याचे नाव व



मुद्रांक रक्कम -

मुद्रांक नं. क्र. 7798

तारीख 30 JAN 2025

पत्ता - १३८८, सावर्डे, ता. चिंचवड, ज. ४१११११

श्री. ए. आर. नाने



ANNEXURE-X

DECLARATION

I Dr. Mansingrao N. Ghatage , Dean / ~~Director~~ / ~~Principal~~ of the B. K. L. Walawalkar Rural Medical 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 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-II &

Annexure-IV, VII-B, AND VII -C 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-II & Annexure-IV, VII-B, AND VII -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-II & Annexure-IV, VII-B, AND VII -C** are not practicing in College working hours or out-side the City where the College /Institute is 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 **20th** day of **February, 2025** at **Sawarde**

Date : **20/02/2025**


Signature of **Dean/Principal**

Place : **Sawarde**

Name of the Signatory- **Dr. Mansingrao N. Ghatage**

(With Seal of the College / Institute)

DEAN
B.K.L. Walawalkar Rural Medical College
At. Kasarwadi, Post. Sawarde
Tal. Chiplun, Dist. Ratnagiri