



महाराष्ट्र MAHARASHTRA

2025

ANNEXURE XIV
5988 571320
Sub Treasury Officer Saoner



DECLARATION

I, the Dean / Director/ Principal of the CENTRAL PROVINCE PHYSIOTHERAPY COLLEGE 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- VII, VIII & X are not 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 in the Annexure- VII, VIII & X 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, VIII & X are not practicing in College working hours or out-side the City where the College /Institute is situated.



ANJAY S. GANVIR
ADVOCATE & NOTARY
DIST. NAGPUR (M.S.) INDIA

ANNEXURE ii:

खालील शक्ती प्रतेशापत्रा व्यतिरिक्त वापरण्यात येणाऱ्या मुद्राकार ८ टिकाव.

दस्तावेजा प्रकार/अनुच्छेद क्र.	७६
दस्त नादणी करणार आहेत का ?	
नादणी होणार असल्यास दायम निवेदक कार्यालयाचे नाव	
मिळकतीचे स्थान	
संयोजक रक्कम	
मुद्रांक विकत घेणाऱ्याचे नाव	सेठूळ हांजीवन फिजियोरपी कॉलेज
दस्तावेजा प्रकारचे नाव	
दस्त असल्यास त्याचे नाव व पत्ता	अमोल शिंदे
मुद्रांक शक्ती रक्कम	
मुद्रांक विक्री नादवही अनु. क्र. दिनांक	२०१८-२९-०१-२०२६
मुद्रांक विकत घेणाऱ्याची सही/आंगठ	
परवानाधारक मुद्रांक विक्रेत्याची सही व परवाना क्रमांक तसेच मुद्रांक विक्रीचे ठिकाण/पत्ता	श्री. एस. ए. धोटे मुद्रांक विक्रेता घरकाना क्र.०३/०४ कोट क्र.३१,०५,००३ तहसिल पारनेर, सावनेर

सेठूळ हांजीवन फिजियोरपी कॉलेज
लोणार



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 Friday of 30 - 01 - 2026 at Nagpur

Date: 30 - 01 - 2026

Place:- Nagpur



Attested

SWORN BEFORE ME ON THIS 30th DAY OF Jan. 2026 AT NAGPUR BY SHRISMT/KU Amol s/o Arjunras Shinde R/O Nagpur WHO HAS BEEN IDENTIFIED BY SHRISMT. self ADVOCATE, NAGPUR

Signature of Dean/Principal
Name of the Signatory- Dr. Amol Shinde

Ganvir

**SANJAY S. GANVIR
ADVOCATE & NOTARY
DIST. NAGPUR (M.S.) INDIA**

