



महाराष्ट्र MAHARASHTRA

2023

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26 JUL 2023

क्र. 23666

मुद्रांक शुल्क रकम -

दस्त नोंद करणार आहे का- होय / नाही, नोंदणी होणारे दु. वि. कार्या. 900

दस्तावा प्रकार / अनुच्छेद क्रमांक / कारण

मना

मुद्रांक विकत घेणाऱ्याचे नांव व पत्ता

Siddhagiri Nursing Institute

दस्तावा पक्षकाराचे नांव व पत्ता

हस्तो नांव व पत्ता -

शेयल मोरान

सोबतला रकम -

मुद्रांक विक्रेत्याची सही -

परवाना असलेक मुद्रांक विक्रीक ठिकाण नांव व पत्ता - सौ. कांताबाई रोजी कुमठेकर

(सहो संदर्भ) ता. नं. ८६/२००९-२०१०

सही

कोड नं. २६०१०३१ महाराष्ट्र नोंदणी विभाग, सौ. व. का. ३३

मुद्रांक विकत घेणाऱ्याची सही / -



17 JUL 2023

STAMP HEAD CLERK  
TREASURY OFFICE  
KOLHAPUR (M.S.)



NO. of Correction  
On this Page - Nil

**DECLARATION**

I, the Dean / Director/ Principal of the **SIDDHAGIRI NURSING INSTITUTE, A/P-Kaneri, Tal. Karveer, Dist. Kolhapur, Maharashtra 416234** 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- VI & VII 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- VI & VII 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- VI & VII 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 10<sup>th</sup> day of Jan, 2023 at Kolhapur.

Date : 10<sup>th</sup>/Jan/23.

Place : A/P-Kaneri, Tal. Karveer, Dist. Kolhapur.



Signature of Dean /Principal Name of the Signatory-

**Ms. Regina Satvekar**

SIDDHAGIRI NURSING INSTITUTE, A/P-Kaneri,  
Tal. Karveer, Dist. Kolhapur, Maharashtra 416234

**BEFORE ME**



**ARUN VASANTRAO PATIL**

**B.A.LL.B.(SPL), G.D.C.&A.**

Advocate & Notary

54, First Floor, 2186, 'C' Tara Chambers

Opp. Sharada Cafe/Lodge, Laxmipuri

**KOLHAPUR. Mob. 9764912820**

**10 JAN 2024**

Notary Regi. Sr. No. 492/2024

**NO. of Correction  
On this Page - Nil**

