

# **ANNEXURE XVI**

Dr. Hedgewar College of Nursing, Aurangabad.2025-26

HE/13

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भारतीय गैर न्यायिक

सौ रुपये

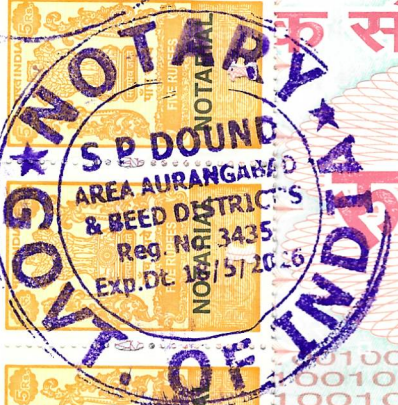
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ONE HUNDRED RUPEES

भारत INDIA INDIA NON JUDICIAL

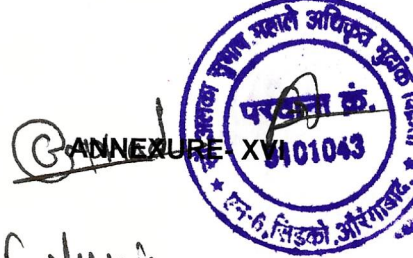


MAHARASHTRA

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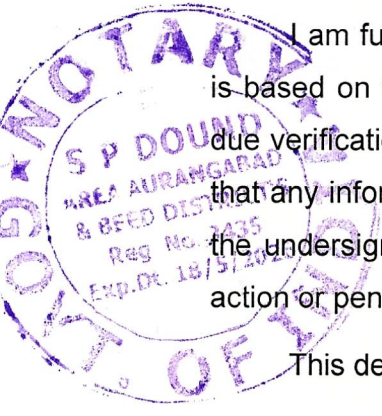
अ.क्र. 37899 दिनांक 31/12/2024 किंमत 100  
हस्तो Gowind phad  
कोषाकरिता Dr. Hedgewar College of Nursing,



Director/ Principal of the Dr. Supriya B. Chinchpure 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 -VI,VII & XIII A&B** 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 -VI,VII & XIII A&B** 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 & XIII A&B** 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.

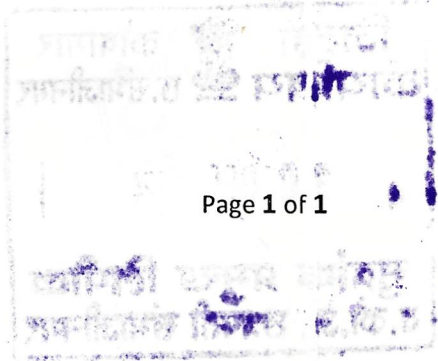
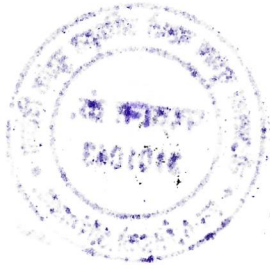
This declaration is voluntarily signed by me on ..... day of .....2025 at.....

Date : 27.01.2025.

Place : Chh. Sambhajinagar.

**PRINCIPAL**  
**Dr.Hedgewar College of Nursing**  
Signature of **Aurangabad**

Dean/PrincipalName of the  
Signatory- Dr. Supriya B.  
Chinchpure



**NOTED & REGISTERED**  
AT Sr. No. 3382 2025  
**THIS DOCUMENT CONTAINS**  
    **PAGES**

**BEFORE ME**

**SUNIL PANDITRAO DOUND**  
Advocate Notary Govt. of India  
AREA-AURANGABAD & BEED DISTRICT  
☎ (0240)-2481952 (M)937100333  
Reg. No. 3437

