



महाराष्ट्र MAHARASHTRA

2025

65AB 030764

स.नं.

दस्तावेज प्रकार

शैक्षणिक

दस्त नोंदणी करणार आहेत का ? होय/नाही.

नोंदणी होणार असल्यास दुय्यम निदेशक कार्यालयाचे नाव.....

मिळवणीचे वर्ग..... आर. जे. मधु काले

मुद्रांक विकत घेण्यासाठीचे नाव..... ऑफ फिजीओथेरापी

मुद्रांक रक्कम..... 1000 रु पत्र शिक्के

मुद्रांक विक्री नोंद घेई दि.नं..... 5765 दिनांक 29/01/2025

श्री प्रथमेश नवनाथ राजगौर स्टॅम वेडर, राष्ट्रीय शासकीय कोषागार परवाना क्र. KOP/02/2024 (मुद्रांक व माहितीच्या आस वापरणे बंधनकारक आहे.)

कोषागार कार्यालय
कोपरगाव
पू दिनांक
कोपरगाव
तार. कोपरगाव
12 JAN 2025
ANNEXURE- XIV

DECLARATION

I, the Dean / Director/ Principal of the Rashtasant Janardhan Swami College of Physiotherapy, Kopergaon 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 teacher's information attached in respective ANNEXURE – VII & ANNEXURE – VIII are not working in / at any other College /Institute or presented themselves at any inspection for the Academic Year 2026-27, as per my knowledge and information provided by the concerned teachers.

The teachers in the ANNEXURE – VII & ANNEXURE – VIII 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 & ANNEXURE – VIII are not practicing in College working hours or out-side the City where the College /Institute is situated.

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 _____

Date: _____

Place: Kokamthan, Kopargaon.



A handwritten signature in blue ink, appearing to read "R. S. Gangatharan".

Principal

(Name: Dr. Gangatharan R. S.)

Principal

**Rashtrasant Janardhan Swami
College of Physiotherapy,
A/R, Kokamthan, Tal. Kopargaon,
Dist. Ahilyanagar - 423601**