



महाराष्ट्र MAHARASHTRA

2025

EP 239944

अनु.क्र. ६८००७, २५११२६ दि. ५००
मु.शु.रत्नाम.
दस्तावा प्रकार प्रतिज्ञापत्र
दस्त नोंदणी करणार आहेत का ? होय/नाही.
मिळकतीचे वर्णन
मुद्रांक दिकत घेणाऱ्याचे नांव स्व. श्री फकीरभाई पातसरे
पत्ता निवाडी पुणे
दुसऱ्या पक्षकाराचे नांव
हस्ते व्यक्तीचे नांव निमिश रोख
मुद्रांक दिकत घेणाऱ्याची सही
सौ. व्ही.वी. शिंदे
परवाना क्र. २२०११५२
विजुलवाडी, आकृती पुणे-१

वरिष्ठ कोषागार अधिकारी
पुणे
०९ JAN 2026
ऑफ फिजिओथेरेपी
प्रथम मुद्रांक लिपीक
कोषागार पुणे करिता

NOTARY
BHAUSAHEB
S. SHINDE
Haveli, Dist- Pune
Reg No. 15581
Exp. Dt. 24/11/2029
GOVERNMENT OF INDIA

ANNEXURE- XIV

DECLARATION

Physiotherapy Faculty

(To be prepared on a Stamp Paper Rs.100)

I, the Dean / Director/ Principal of the LSFPEFS COLLEGE OF PHYSIOTHERAPY NIGDI 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

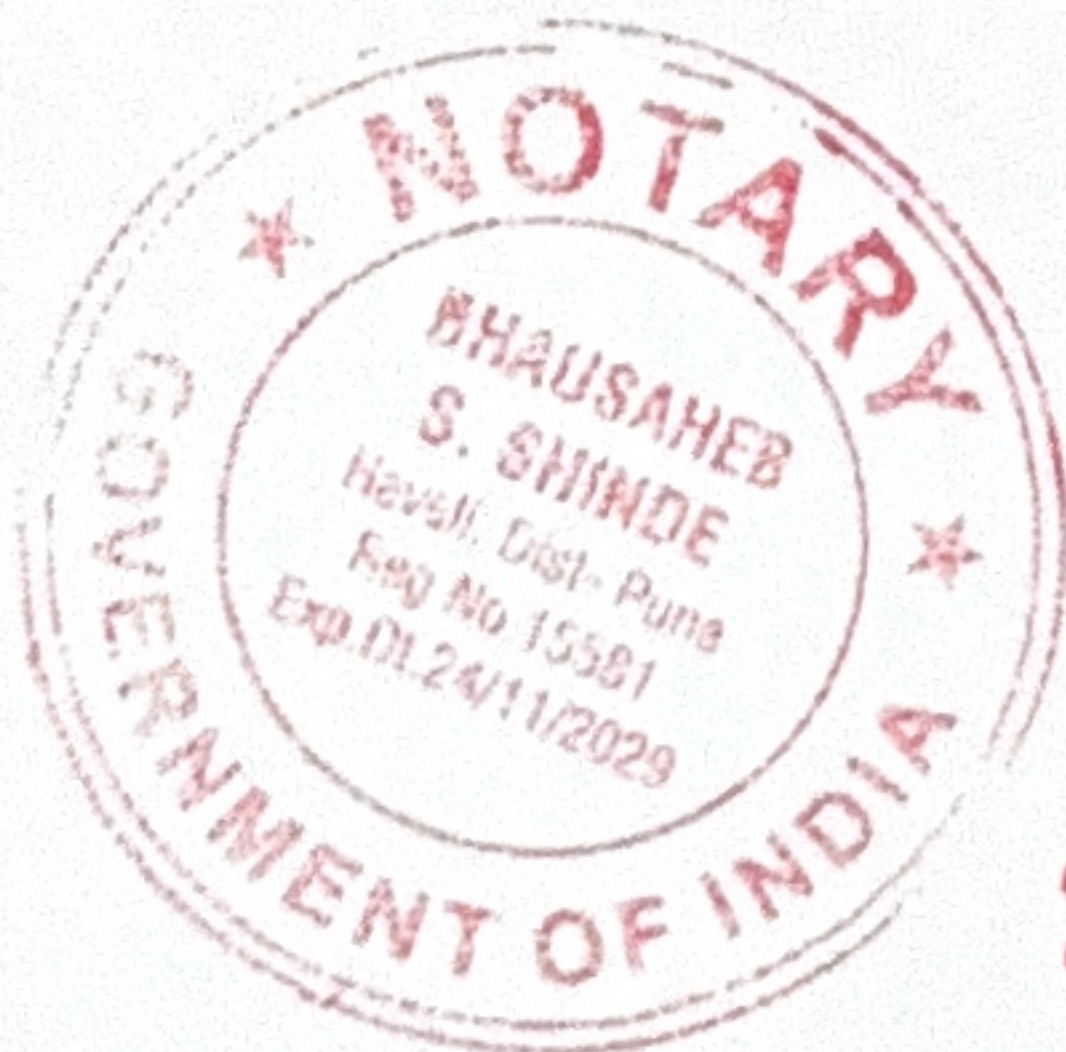
concerned teachers and duly verified by me. It is further submitted the teachers information attached in respective Annexure- VII & VIII are not working in / at any other College /Institute or presented themselves at any inspection for the Academic Year 2026-27 as per my knowledge and information provided by the concerned teachers. The teachers in the Annexure- VII & 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 & VIII 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.

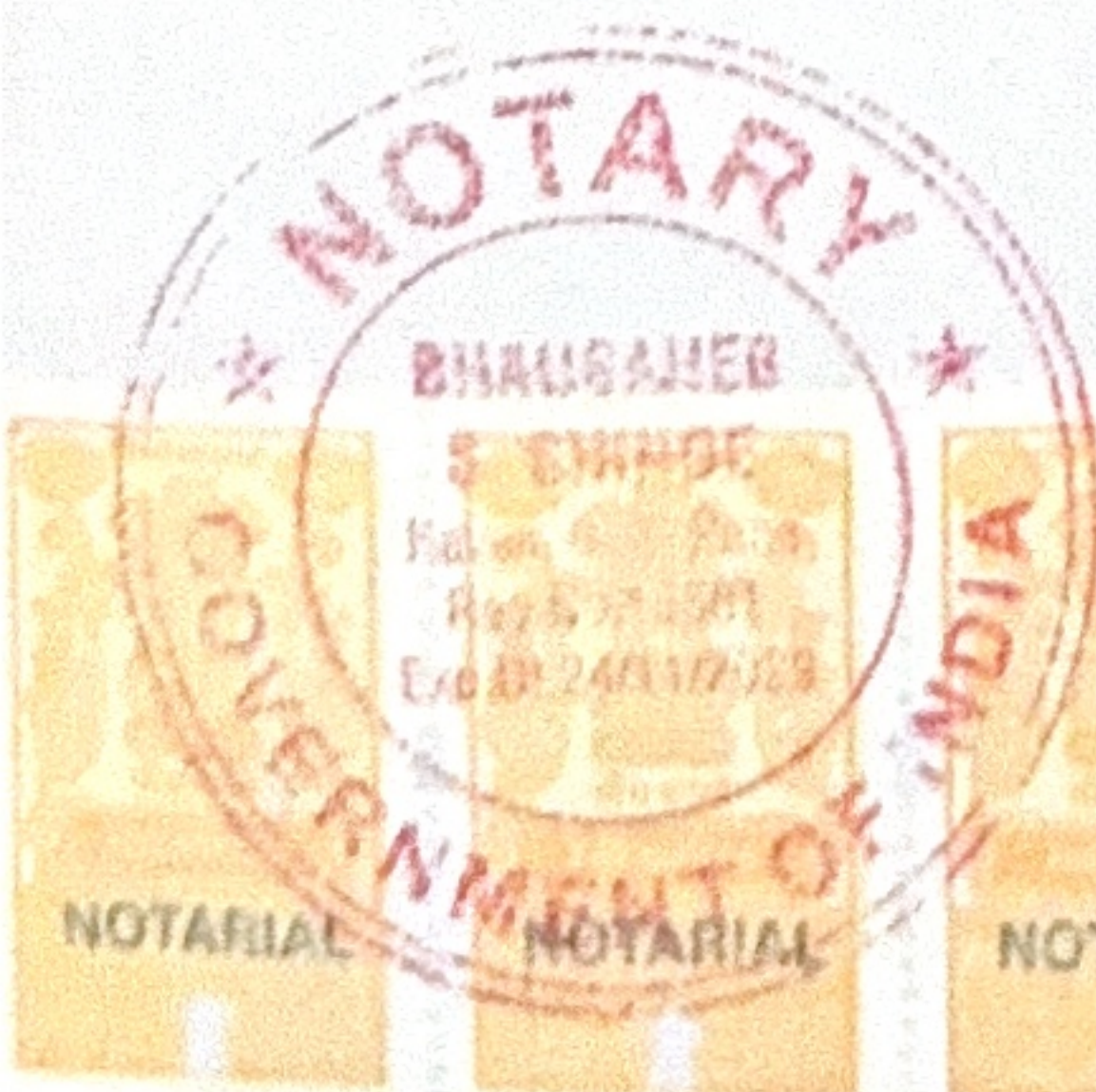
This declaration is voluntarily signed by me on 28th day of Jan...2026 at Nigdi Pune

Date : 28/01/26

Place : Nigdi Pune



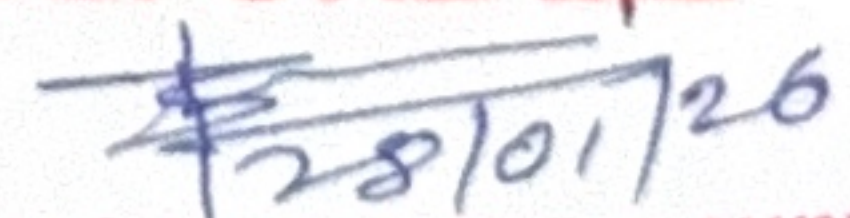
28 JAN 2026




Signature of Dean/Principal

Name of the Signatory-
(with Seal of **PRINCIPAL** College / Institute)
Late Shree Fakirbhai Pansare
Education Foundation's
College Of Physiotherapy, pune-44

BEFORE ME


BHAUSAHEB SAHEBRAO SHINDE
ADVOCATE & NOTARY
GOVERNMENT OF INDIA
Walhekarwadi, Chinchwad, Pune Dist

NOTED & REGISTERED
AT SR. NO. : 181/2 page 36 of 30