

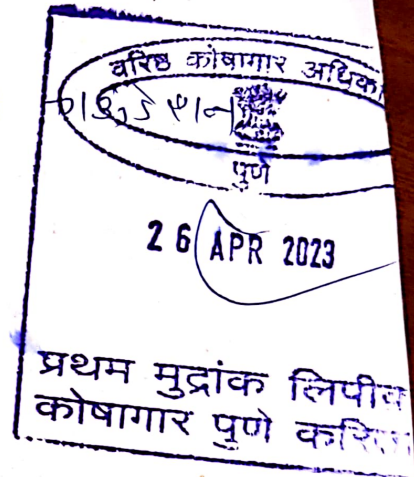


महाराष्ट्र MAHARASHTRA

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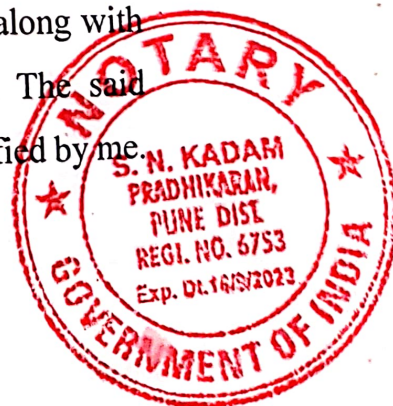
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मुद्रांक प्रतिलिपिपत्रासाठी
मुद्रांक दि. २०/०८/२०२३ १००८
मुद्रांक विकत घेणाऱ्याचे नांव स्व. श्री फकीरभाई पानसरे लघु केशन
पत्ता निगडी पुणे
हस्ताचे नांव सुभाष नवगिरे
२३/०८/२०२३
सौ. व्ही. जी. शिंदे
परवाना क्र. १२०१९५२
निवासी, बाजुर्ली, पुणे-३५
मुद्रांक काढण्याची आवश्यकता नाही. (शासन आदेश दि. १७/७/२००४ नुसार)
ज्या कारणासाठी ज्यांनी मुद्रांक खरेदी केला त्यांनी त्यांना भारणासाठी
मुद्रांक खरेदी केल्यापासून ६ महिन्यात वापरणे बंधनकारक आहे



ANNEXURE- XIV DECLARATION

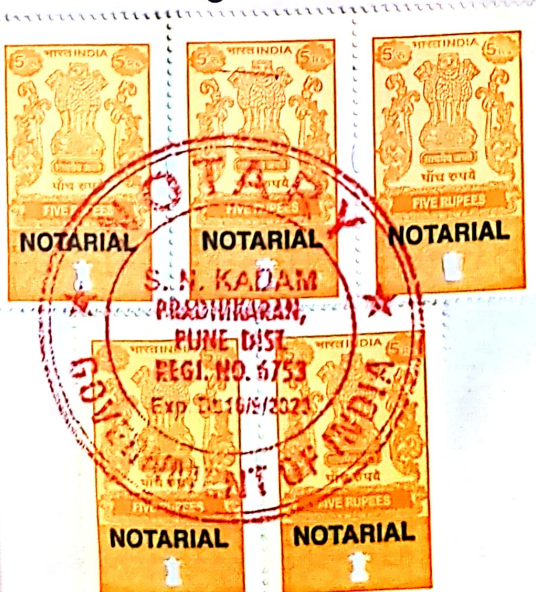
I, the Dean / Director/ Principal of the LSFPEF's College of Physiotherapy College / Institute solemnly states on affirmation, that the information provided by me in Inspection Format as well as uploaded on College Website along with all Annexures is true and correct to the best of my knowledge. The said information is provided to me by the concerned teachers and duly verified by me.



It is further submitted the teacher's 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 2023-2024, 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 ...27th..... day of ...July.....20.23. at...11:30.AM

Date :27/07/2023.....

Place : Nigdi Pune



Dr. Varsha A. Kulkarni

Dr. Varsha A. Kulkarni
Signature of Dean/Principal
(with Seal of the College / Institute)

BEFORE ME

S. N. KADAM
ADVOCATE & NOTARY
GOVT. OF INDIA
Pradhikaran, Nigdi, Pune-411 044.

Noted & Registered
at Serial Number 239/2023
27/07/2023