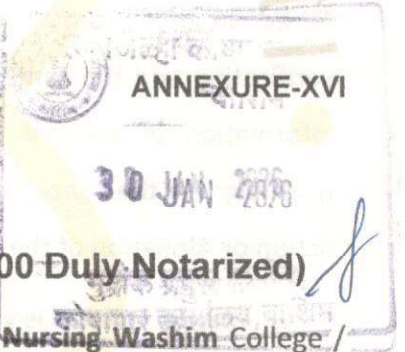




महाराष्ट्र MAHARASHTRA

2025

DP 469015



DECLARATION

(To be prepared on a Stamp Paper of Rs.500 Duly Notarized)

I, the Dean / Director/ Principal of the **Rajashri Shahu College of Nursing Washim 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 Annexure is true and correct to my knowledge & Belief. 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 & -----** are not working in / at any other College /Institute or presented themselves at any inspection for the **Academic Year 2026-2027**, as per my knowledge and information provided by the concerned teachers. The teachers in the **Annexure - 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 - VII & -----** are not practicing in College working hours or out-side the City where the College /Institute is situated.

१. मुद्रांक विक्री नोंदवही अंक व दिनांक : १६५०५ दिनांक ०४/०२/२०२६

२. दस्तावेज प्रकार :

३. दस्त नोंदणी करणार आहेत काय ?

होय/नाही

४. मिळकतीचे थोडक्यात वर्णन

५. मुद्रांक विक्री घेणाराचे नांव पत्ता व सही :

६. दुस-या पक्षकाराचे नांव

७. मुद्रांक शुल्क ५०० रुपये

८. परवाना धारक मुद्रांक विक्रीच्या सही व

पत्ताना कमांक तसेच मुद्रांक विक्रीचे ठिकाणाचा पत्ता

ज्या कारण करीता ज्यांनी मुद्रांक खरेदी केला त्यांनी त्याच कारण करीतासाठी

मुद्रांक खरेदी केल्या पासुन ६ महीन्यात वापरणे बंधनकारक आहे

एस. के. खंडाळकर

मुद्रांक विक्रेता, वाशिम

प. क्र. २०/९८

कोड नं. ६५०१००३

Infrastructure Required as per MSR and Indian Nursing Council Norms is available and we have own building for Nursing Institute or Required Specified Constructed Area as per Norms Laid by Authorities for College and Hostel as per Intake capacity and further No Other Nursing Colleges Running in Same campus or In Same Building.

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 04 day of Feb 2026 at 02.30.pm

Date: 04/02/2026

Place: Washim

Signature of Dean/Principal Name

of the Signatory

(With Seal of the College/Institute)

MUHS