



महाराष्ट्र MAHARASHTRA

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DA 153901

अनु.क्र. 104/3 89/97024 मु.शु.स्वकम. 512

दस्ताचा प्रकार :

दस्त नोंदणी करणार आहेत का ? :- हाक/माही

मिळकतीचे वर्णन :

मुद्रांक विकत घेणाऱ्याचे नाव : Dhole Patil College of Physiotherapy..

पत्ता : 1284, Near Kharadi, EON IT Park,

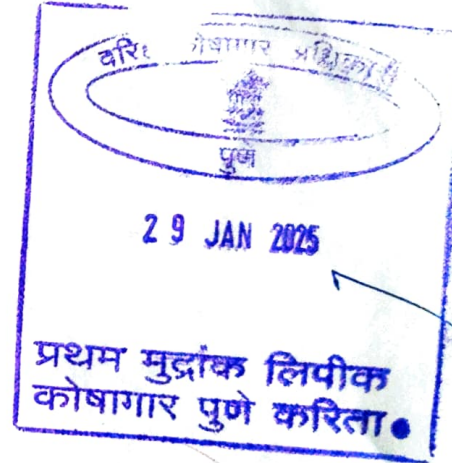
Dhole Patil College Road

दुसऱ्या पक्षकाराचे नांव : Wagholl, Pune-412207

हस्ते व्यक्तीचे नांव व पत्ता :

मुद्रांक विकत घेणाऱ्याची सही

श्री. वाळाराम एकनाथ भोके
स.नं. ४७/४, वडगांव शेरी, पुणे-१४
परवाना क्रं. २२०१०८८



ANNEXURE- XIV

DECLARATION

I, the Dean / Director/ Principal of the Dhole Patil 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 Annexure 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 2025-2026, 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 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 Thursday day of 31/01/2025 at 2.15 pm

Date: 31/01/2025

Place: Pune

Signature of Dean/Principal

Name of the Signatory-

Dr. N.Gunasekaran (PT)

(With Seal of the College / Institute)

Noted & Registered
at Sr. No. 374/2025

BEFORE ME

GORAKH V. KIRVE
NOTARY
GOVT. OF INDIA

31 JAN 2025