

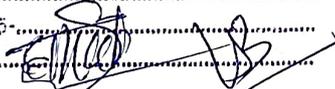


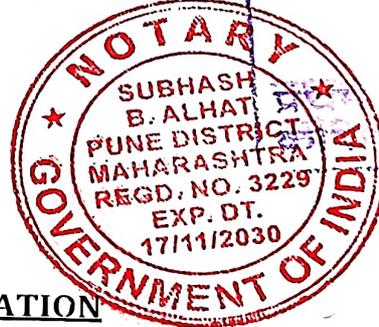
महाराष्ट्र MAHARASHTRA

2025

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दस्तावेज प्रकार अनुसूचित क्रमांक-..... Declaration  
दस्तावेज ब्रॉदनी करणार आदीचे नाव-.....  
गौदमी होणार असल्यास दुककाल दिनांक जायतेतयचे जात-.....  
मिळकतीचे वर्णव-.....  
नोबदला रक्कम-.....  
मुद्रांक विकत घेणाऱ्याचे नाव व पत्ता- B.S.D.T. Mahavidyalaya Wagholi pune  
दुसऱ्या पक्षकाराचे नाव-.....  
हस्ते असल्यास नाव व पत्ता- S.P. Bhat Wagholi pune  
मुद्रांक विक्री नोंद वही अनुक्रमांक- 96095 दि. 26/09/2025  
मुद्रांक विकत घेणाऱ्याचे सही-.....  
परवानाधारक मुद्रांक विक्रेत्याची सही व परवाना क्रमांक-.....  
पेब मुद्रांक विक्रीचे ठिकाण व पत्ता-.....

  
उर्मिला श्रीराम मासले  
परवाना क्रमांक- 2209094  
शांतीरक्षक सोसा., देरवडा, पुणे-08



**DECLARATION**

I, the Principal of the Bharatiya Sanskriti Darshan Trust's, Ayurved Mahavidyalaya Wagholi, Pune. 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.

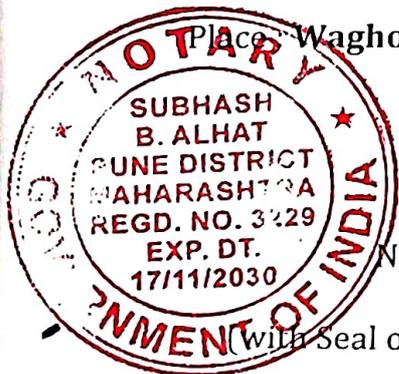
It is further submitted the teacher's information attached in respective Annexure - IV are not working in / at any other College /Institute or presented themselves at any inspection for the Academic Year 2026 - 2027, as per my knowledge and information provided by the concerned teachers. The teachers in the Annexure - IV 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 - IV 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 Friday of 27<sup>th</sup> February 2026 at Wagholi, Pune

Date : 26/02/2026

Place: Wagholi, Pune



*[Handwritten Signature]*

Signature of Dean/Principal

Name of the Signatory- Dr. Prashant P. Amrutkar.

(With Seal of the College / Institute)

I/C Principal

B.S.D.Trust's Ayurved Mahavidyalaya  
At Post-Wagholi, Tal. Haveli, Dist. Pune.

**BEFORE ME**

*[Handwritten Signature]* 27/02/2026

**SUBHASH B. ALHAT  
NOTARY**

**GOVT. OF INDIA**

**NOTED AND REGISTERED**

AT BR. NO. 113/2026  
DATE.. ..

**27 FEB 2026**

**SUBHASH B. ALHAT**

**ADVOCATE & NOTARY**

9, Krishna Kunj, Office No.215,

Near Life Line Hospital,

Wagholi, Tal. Haveli, Dist. Pune

Pin-412 207

