

महाराष्ट्र MAHARASHTRA

2024

CY 771469

या कार्यासाठी ज्यांनी मुद्रांक खोदी केला त्यांनी त्याच कारणासाठी मुद्रांक खोदी केल्यासून सहा महिने वापरणे बंधनकारक आहे.

मुद्रांक हप्त्या



अनु. क्र. 38521 दि. 3 FEB 2025

मुद्रांक विकत घेण्यासाठी नाव व पत्ता

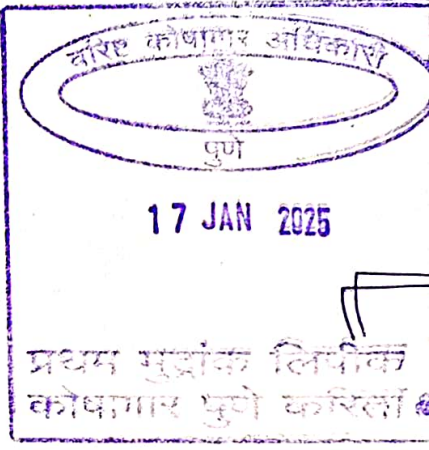
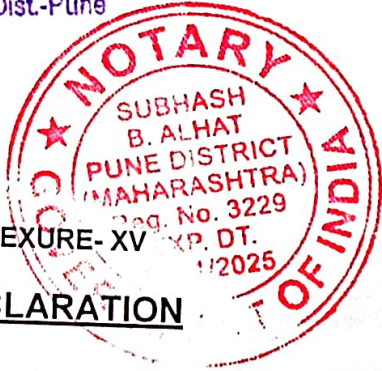
हस्तोच्चे नाव व पत्ता B.S.D.TS Ayurved Mahavidyalaya At Post-Wagholi, Tal-Haveli, Dist.-Pune

श्री. दिवांगदकुमार महापात्रे, मुद्रांक अधिकारी, मुद्रांक कार्यालय, पुणे-४११००७
आश्रमरोड, उरुळीकावठ ४१२२०२, सुरध्वनी -२२०- २६९२६४७७,
फो. ७५०३५९२९४१ शासकीय कार्यालय, मुद्रांक कार्यालय, न्यायालय, मुद्रांक

पत्रिकापत्र सादर करण्यासाठी मुद्रांक कागदाची आवश्यकता
याची प्राम्थन आदेश दि. १०/०७/२००४ मुद्रांक. D B O

ANNEXURE- XV

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-V, VIII-A VIII-B 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-V, VIII-A VIII-B 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-V, VIII-A VIII-B 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 Thursday of 06th February 2025 at Wagholi, Pune

Date : 06/02/2025

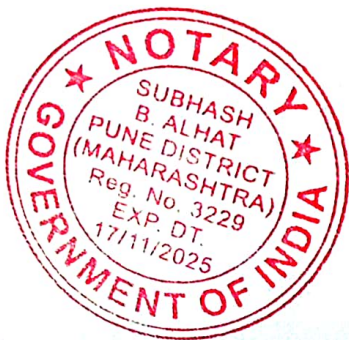
Place : Wagholi, Pune

Signature of Dean/Principal


Name of the Signatory-

PRINCIPAL
Dr. Anand. B. Kulkarni
B.S.D.T'S Ayurved Mahavidyalaya
At Post- Wagholi, Tal-Haveli, Dist-Pune

(with Seal of the College / Institute)



BEFORE ME


06/02/2025

SUBHASH B. ALHAT
NOTARY
GOVT. OF INDIA
NOTED AND REGISTERED
AT BR. NO. 159/2025
DATE 06/02/2025

SUBHASH B. ALHAT
ADVOCATE & NOTARY
9, Krishna Kunj, Office No.215,
Near Life Line Hospital,
Wagholi, Tal. Haveli, Dist. Pune,
Pin-412 207.

