

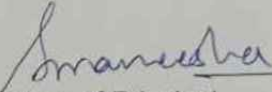
me. It is further submitted the teachers information attached in respective Annexure- VI are not working in / at any other College /Institute or presented themselves at any inspection for the Academic Year 2022-2023 as per my knowledge and information provided by the concerned teachers. The teachers in the Annexure- VI 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- VI are not practicing in College working hours or out-side the City where the College /Institute is situated.

I 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 20 day of May 2022 at Pune

Date : 20 /05/2022.

Place : PUNE


Signature of Principal 20/05/2022

Name of the Dr. Maneesha V. Solanki

Signatory-

(with Seal of the College / Institute)



PRINCIPAL
D.S. Homoeopathic
Medical College, Pune-4.