

महाराष्ट्र MAHARASHTRA

2025

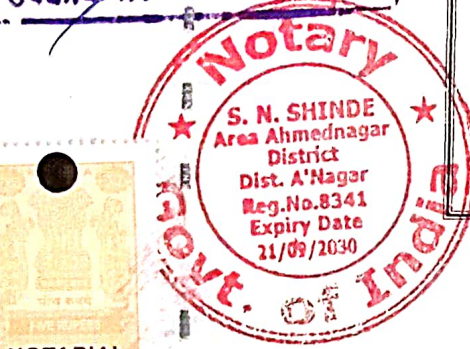
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मुद्रांक विक्रीबाबतची नोंदवही अनुक्रमांक ...१२.५.३.६ दिनांक २४/०२/२०२६
मुद्रांक खरेदीचे कारण
मुद्रांक विकत घेणाऱ्याचे नांव व रहिवासी पत्ता प्रा. अश्विन करल आयुर्वेद
हस्ते असल्यांस नांव व पत्ता कॉलेज मांची शील
मुद्रांक विकत घेणाराची सही हस्त: श्वसनर केलास
S.N. Kumthekar
श्रीमती सुनंदा नितीन कुमठेकर
(मु.वि.प.क्र. SMN/01/2024)
विश्वास झेरोक्स, तहसील कचेरीजवळ, संगमनेर

DECLARATION

I, Dr. Shyamal Prakash Nirmal the Principal of the Ashvin Rural Ayurved College 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 _____ day of _____ at **Manchi Hill.**

Date: / /2026

Place : Manchi Hill

IDENTIFIED BY

Spc L
Signature of Dean/Principal

Name of the Signatory- Dr. Shyamal Prakash Nirmal

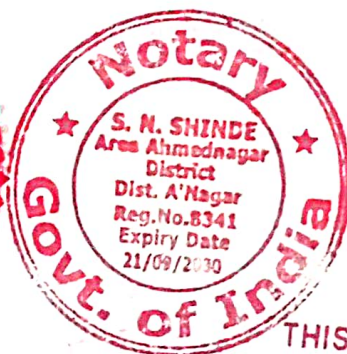
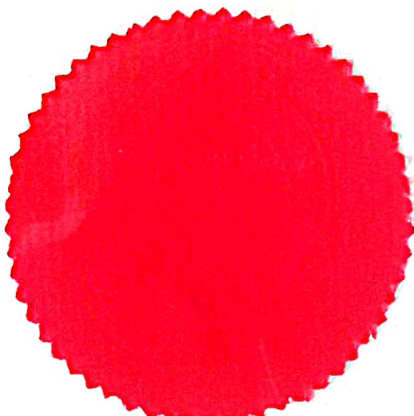
BEFORE ME

[Signature]
SUBHASH N. SHINDE
Notary Govt. of India
Dist. AHMEDNAGAR
Dt. 21-09-2030

NOTED & REGISTERED

AT SERIAL NO. 160/2026

Date : 25/02/2026



THIS DOCUMENT CONTAINS 2

