



महाराष्ट्र MAHARASHTRA

2024

CU 084653

जोड़पत्र १ व २ / Annexure-I & II

मुद्रांक विक्री वारण-

Reason of sale stamps and Amount

मुद्रांक विक्री देणाराचे नांव व पत्ता-

Stamp Purchasers Name

हस्ताक्षर असल्यास त्याचे नांव व पत्ता

Stamp Purchasers Name

मुद्रांक विक्री नोंदवही नंबर

Serial No and Date

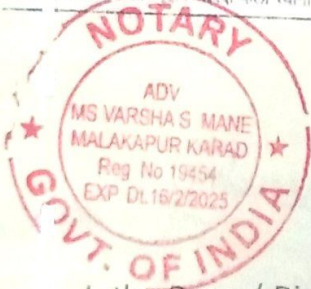
मुद्रांक विक्री देणाराची सही

Stamp Purchasers Sign.

मुद्रांक विक्रीसाठी- जगादेश नामदेव वेदनाळ

परवाना क्र. २३०३०४० मु. वि. ठिकाण-मु. वि. कर्धा, चंद्रपूर

जगादेश नामदेव वेदनाळ यांनी मुद्रांक विक्री देणाराची सही करून दिल्याची माहिती देण्यात आली आहे.

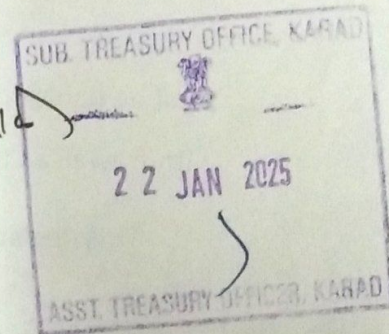


DECLARATION

Physiotherapy Faculty

I, the Dean / Director/ Principal of the Late Bhaiyyasaheb Ghorpade Institute 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 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-VII & VIII are not working in / at any other College /Institute or presented themselves at any inspection for the

ANNEXURE- XIV



008

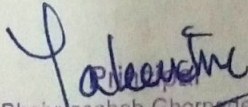
Academic Year 2025-2026 as per my knowledge and information provided by the concerned teachers. The teachers in the Annexure-VII & VIII are staying in the same city/town/village where the College / Institute is Situated or adjacent to the city / town / village, where the College/Institute is situated 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 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 Monday Day of 03 Feb 2025 at 12:30 Pm

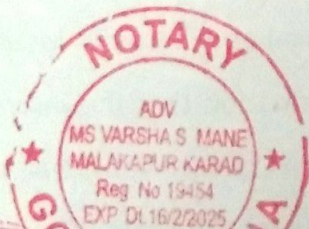
Date: 03/02/2025

Place: Malwadi Masur


Signature of Dean/Principal
Name of the Signatory-
(With Seal of the College / Institute)

Late Bhaiyasaheb Ghoshade Institute
of Physiotherapy, Malwadi Masur),
Tal. Karad, Dist. Satara

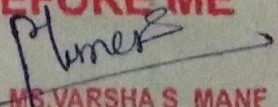
(With Seal of the College / Institute)



Noted & Registered
Serial Number

738/2025
Date - 04/02/2025

BEFORE ME


ADV. MS. VARSHA S. MANE
ADVOCATE & NOTARY
GOVT. OF INDIA REG NO 19454
D-1, Shibhana Arched Vishramnaga
Malakpur-Karad, Dist. Satara-4155
(M S) Mob 9860111144

