



महाराष्ट्र MAHARASHTRA

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प्रधान कुल्लक कादीज, मुंबई
प. नु. पि. क्र. ८००००१९

- 2 FEB 2023

सक्षम अधिकारी

DECLARATION

मीन. इल. एस. सांगवे

I, the Dean/ Director/Principal of the **Nair Hospital Dental 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 Annexure 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 that the teachers information attached In respective **Annexure- I & II** Are not working in/ at any other college/ Institute or presented themselves at any inspection of the **Academic Year 2022-2023**, as per my knowledge and information provided by the concerned teachers. The teachers in the **Annexure- I & II** Are staying in the same city/ town/ village where the college/ Institute is situated of adjacent to the city/town/ village, where the college/ institute is situated and having the valid proof of residences of the said city/ town/ village.

The teachers in the **Annexure- I & II** are not practicing in college working hours or outside the City where the college/ Institute is situated.

- 9 FEB 2023

[illegible]

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 teachers. 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 February 2023 at Mumbai

Date : _____

Place:_____

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