



महाराष्ट्र MAHARASHTRA

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75AB 228658



उप कोषागार कार्यालय,
बिवंदी
24 FEB 2026
उप कोषागार अधिकारी,
बिवंदी.

24/2/26

DECLARATION

I, the Principal of the Janseva Mandal Trust's Sai Homoeopathic Medical College & Nityanand Hospital, Dugadphata 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.



जोडपत्र-2

दस्तावा प्रकार / अनुच्छेद क्रमांक.....

कुराट

दस्त नोंदणी कायदा आहेत ना.....

नोंदणी होणार असल्यास दुय्यम निबंधक कार्यालयाचे नाव.....

गिऱ्यावजाचे वर्णन.....

मोबदला रक्कम.....

मुद्रांक विकत घेणा-याचे नांव व पत्ता.....

साहेब विधायक मेडिकल क्लिनिक, डुंगळवाड, भिवंडी

भिवंडी.....

दुम-या पक्षाबाबचे नांव.....

हस्त अगल्यास त्याचे नांव व पत्ता.....

मुद्रांक रक्कम १०० प्रदिप गुजरे, भिवंडी

मुद्रांक विक्री नोंदवही अनुक्रमांक 23088 दिनांक 2/3/26

मुद्रांक विकत घेणा-याची / हस्तो सही.....

मुद्रांक विक्रेत्याचे नांव - सी. बी. एस. ठाकूर, E.W.

मुद्रांक विक्रीचे ठिकाण / पत्ता - दत्तकृपा बिल्डिंग, वेरुमेंट

गाळा नं. 10, तहसिल कार्यालय जवळ, ता. भिवंडी, जि. ठाणे

मुद्रांक विक्रेत्याचा परवाना क्रमांक - 1203005

मुद्रांक विक्रेत्याची सही.....


B. S. THAKUR
STAMP VENDOR - BHIWANDI



ज्या कायद्यानुसार ज्याची मुद्रांक विक्री करता येते त्या कायद्यानुसार
मुद्रांक विक्री करताना मुद्रांक विक्रेत्याचा परवाना क्रमांक दाखवावा.

The said information is provided to me by the concerned teachers and duly verified by 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 2025-2026, 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 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.

Date : 06/02/2026

Place : Dugadphata

I Declared by me
S. T. MHATRE
 B.A.L.L.B.
 ADVOCATE
 Flat 220, VII,
 Behind J. S. Indir,
 Ghuzandi, 421 502, (Thane)

BEFORE ME
Ravi Kashinath Sonavane
RAVI KASHINATH SONAVANE
 B.A.L.L.B. Regd.No.48021
 NOTARY GOVT. OF INDIA
 1st Floor, Dattakrupa Bldg, J. S. Indir,
 Ghuzandi, 421 502, Thane



Signature of Principal-

Name of the Signatory- **Dr. Sanjay P. Shukla**
PRINCIPAL

NOTED & REGISTERED

Sr.No. 163 Page No. 74

6 MAR 2026

Date.....

VAI HOMOEOPATHIC MEDICAL COLLEGE
 Dugad Phata, Tal - Zhirwandi, Dist-Thane (M.S.)