



Dr. Vithalrao Vikhe Patil Foundation's
COLLEGE OF PHYSIOTHERAPY

Opp. Govt. Milk Dairy, M.I.D.C., Ahmednagar-414111

Tel:-(0241) 2778042, 2777059, Fax:- (0241) 2779757

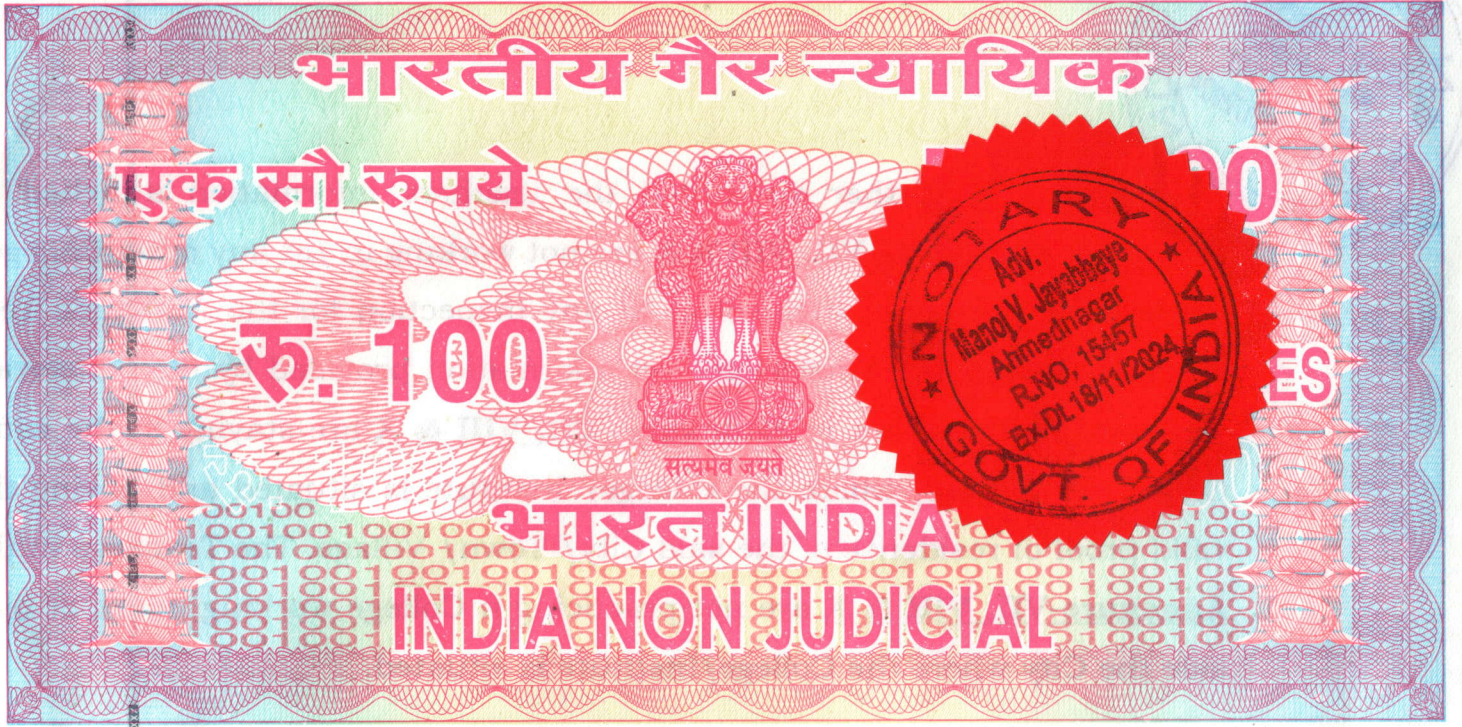
E-mail: principal_physiotherapy@vimscopt.edu.in Website: www.vimscopt.edu.in



Annexure - XVII

Declaration

14 MAR 2023



महाराष्ट्र MAHARASHTRA

2022

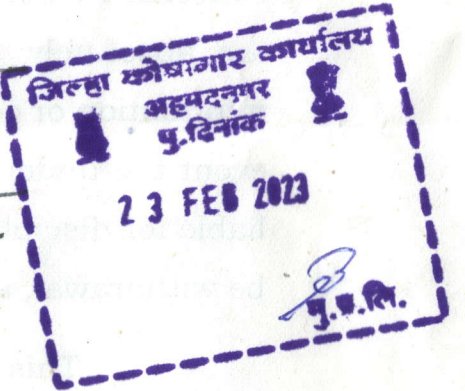
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मुद्रांक शुल्क १००/५०० दस्ताचा प्रकार
दस्त नोंदणी करणार असल्यास कार्या नांव-
मु.वि.घेणा-याचे नांव प्रा. फिजोथेरेपी विद्ये पा. कॉलेज
मु.नोंदविही क्र. 23366 दि 1/20

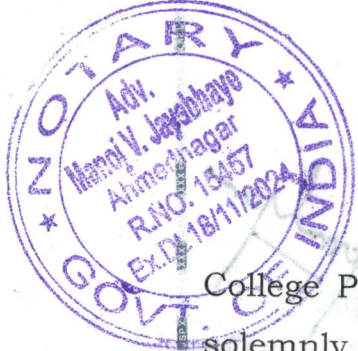
प्रति:

2 MAR 2023

अ. नगर



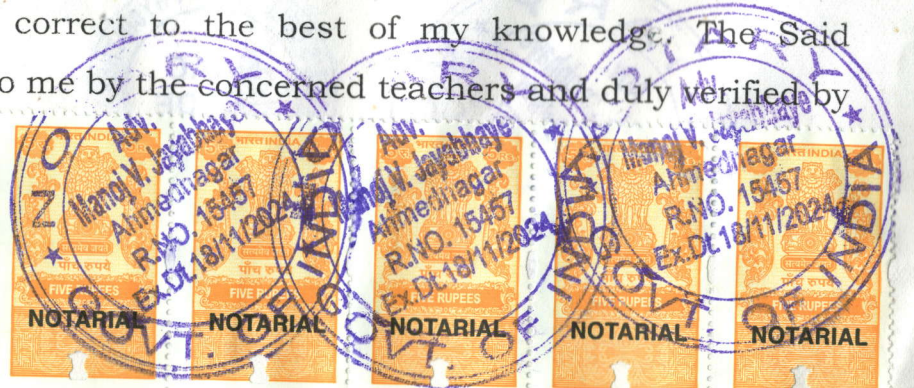
जे.एस.कांबळे, अ.नगर, हस्ते
परवाना क्र. ९/१९९६, मो. ९८२२९८२९३०
ज्या कारणासाठी मुद्रांक खरेदी केला त्याच कामासाठी व
सहा महिन्यांच्या आत वापरणे बंधनकारक आहे.



ANNEXURE -XVII

DECLARATION

I, the Principal of the Dr. Vithalrao Vikhe Patil Foundation's College Physiotherapy Opp. Govt. Milk Dairy, Post: M.I.D.C., Ahmednagar 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 teachers information attached in respective **Annexure- VII, VIII & X** are not working in /at any other College/ Institute or presented themselves at any inspection for the Academic Year 2023-24. As per my knowledge and information provided by the concerned teachers. The teachers in **Annexure- VII, VIII & X** are staying in the same 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 & X** are not practicing n College working hours or outside the City where the College/Institute is situated.

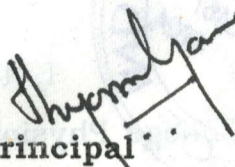
I am further hereby declare that every information or contents of this Inspection Format is based on the information provided by the concerned teachers and endorsed by me after due verification and the same are absolutely true and correct. If at any stage it is revealed that any information or content given in the declarations 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 Tuesday day of 14/03/2023 2023 at Ahmednagar.

Date: 14/03/2023

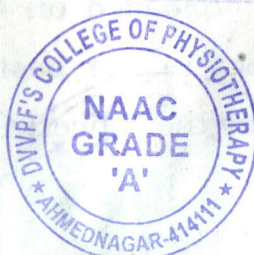
Place: Ahmednagar

Identified by me


Principal


Name of the Signatory: (Dr. Shyam Devidas Ganvir)

DR. SHYAM D. GANVIR, Ph.D.
Principal
Dr. Vithalrao Vikhe Patil Foundation's
College of Physiotherapy
Ahmednagar - 414 111
Ph. No. 0241-2778042



Sr. No./S.S.E./NT. 184/23

14 MAR 2023

BEFORE ME

Manoj V. Jayabhaye
Advocate & Notary Public
Govt. of India
Ahmednagar