



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

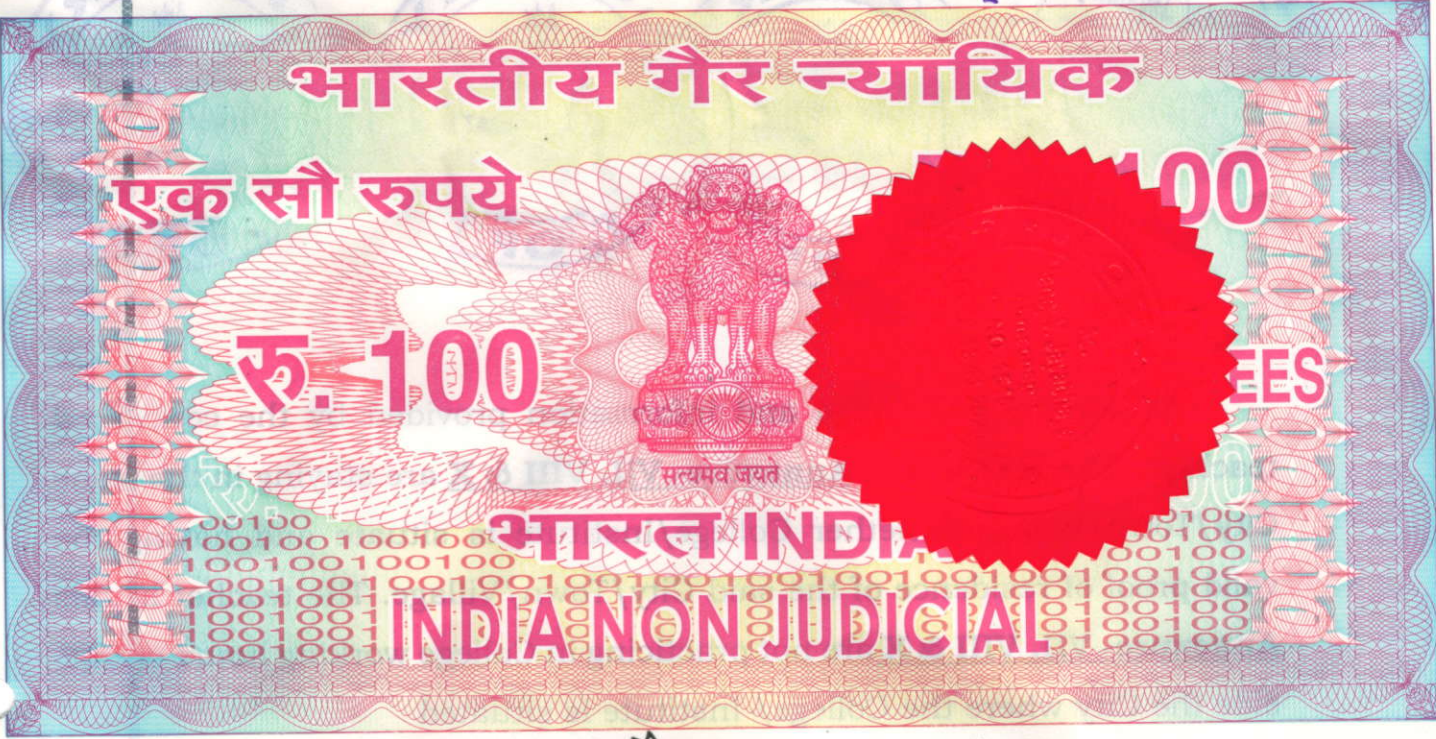
E-mail: principal_physiotherapy@vimscopt.edu.in Website: www.vimscopt.edu.in



Annexure - XVII

Declaration

21 JAN 2025



महाराष्ट्र MAHARASHTRA

2024

29AB 245429

दस्तावा प्रकार - प्रतिज्ञापत्र/कर्ण

मुद्रांक विकत घेणान्याचे नांव : *विठ्ठल पाटील*

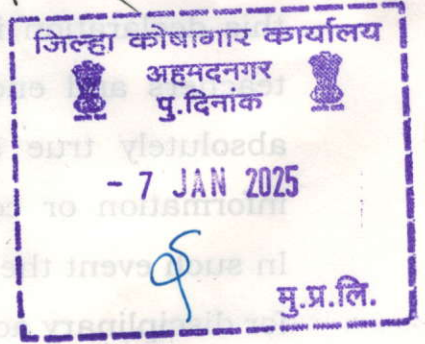
दुसऱ्या पक्षकाराचे नांव :-

हस्ते असण्यास त्याचे नांव व पत्ता :-

मु.वि.नोंदवही अ.नं. *30039*

दिनांक :-

12 0 JAN 2025



एस.एस. गांधी, (मुद्रांक विकेता) सिव्हील हाउसको, तारकपूर, सावेडी, अ.नगर
परवाना क्र. लायसन्स नं. 2/99/2002-99/99
ज्या कारणासाठी ज्यांनी मुद्रांक खरेदी केला त्यांनी त्याच कारणासाठी
मुद्रांक खरेदी केल्यापारून सहा(६) महिन्यात 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., Ahilyanagar 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 2025-26.





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, whether College/Institute is situate and having the valid proof of residence of the said City/Town/Village. The teacher in this **Annexure- VII, VIII & X** are not practicing in College working hours or outside the City where the College/ Institute is situated

I am further hereby declaring that every information of contents of this declaration 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 teacher, as the case may be, shall be liable for disciplinary action or penal action, as the case may be.

This declaration is voluntarily signed by me on _____ day of _____ 2025 at Ahilyanagar.

Date: / /2025

Place: Ahilyanagar

Shyam
Principal

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

Identified by me



BEFORE ME

Manoj V. Jayabhaye

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

Sr. No./S.S.E./NT. 29/25