



महाराष्ट्र MAHARASHTRA

2024

14AB 408402

विक्रम क्र. 32CE4 दिनांक 20/1/24

श्री. गोधीनाथ रंगजी होमिओपैथिक मेडिकल

हॉस्पिटल सोलापूर

श्री. जनरल रुग्ण रु. 900

मागितलेवस्तु रु. 90

व त्याचे भरती

असंख्य

श्रीमती खंदारे नागुबाई सि.

मुद्रांक विक्रेती

44C, पश्चिम मंगळ्यार पेठ, सोलापूर.

ला. नं. ७९/९९ कोड नं. २५०९०४४



JAN 2025

लिपीक/उपलेखापाल

ANNEXURE- XII

DECLARATION

I, the Principal of the Gandhi Natha Rangji Homoeopathic Medical College & Hospital, Solapur College / Institute solemnly states on affirmation, that the information provided by me in Inspection Format as well as uploaded on College Website alongwith 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-VI (a)** 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 (a) 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 (a)** are not practicing in College working hours or out-side the City where the College /Institute is situated.

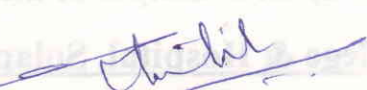
I further hereby declare that every information or content in this Inspection Format is based on the information provided by the concerned teachers and endorsed by me after due verification and the same is/are absolutely true and correct. If at any stage it is revealed that any information or content 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 **29 day of January 2025 at 02.00pm**

Date : **29/01/2025.**

Place : **Solapur**




Signature of Principal
Name of the Signatory-
(with Seal of the College / Institute)
Dr. SHRIDHAR P. PATIL
PRINCIPAL
Gandhi Natha Rangji Homoeopathic
Medical College, Solapur