



महाराष्ट्र MAHARASHTRA

2024

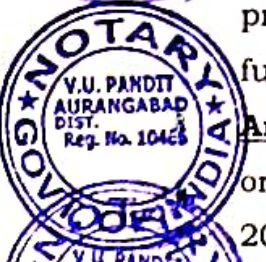
कोणाकार  
उ.संभाजीनगर  
28 JAN 2025  
संभाजीनगर लिपीक  
द.को.सं. संभाजीनगर

अ.क्र. 417<sup>00</sup> किंमत 36/0/03 035925 दिनांक  
हस्ते सुश्रीका विपल  
कोणाकरिता को.सं.सं. संभाजीनगर  
कशासाठी

ANNEXURE- XIV

**DECLARATION**  
**Physiotherapy Faculty**

I, the Dean / Director/ Principal of the ... Oyster College ...  
of ... Physiotherapy ... 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-....&.... 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- ... 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- ... 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.

This declaration is voluntarily signed by me on ..... day of .....20..... at...Chh.: Sambhajinagar .

Date : .....1...12...2025

Place : Chh.: Sambhajinagar



Signature of Dean/Principal

Name of the Signatory-  
**PRINCIPAL**  
(with Seal of the College / Institute)  
AURANGABAD

**ATTESTED**  
*30/01/25*  
Vinayak U. Pandit  
Advocate Notary Govt. of India  
Area Aurangabad District  
Reg.No.10466

Adv. Vinayak U. Pandit  
Notary, Govt. Of India,  
Aurangabad Dist.  
Reg. No.10466

