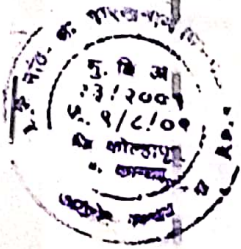




महाराष्ट्र MAHARASHTRA

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CP 809628



पु.वि.नाम- श्री. गारखनाथ पुरगोंडा काबठ

पु.वि.ठिकाण- पंचायत समिती, कागल.

खाना क्र.- पु.वि.अ. २३/०१ दि. १-८-२००

पु.वि.क्र. ४०३८ रकम रु. ५०० दि. ३१/१/२०२५

पु.विकत घेणाऱ्याचे नांव

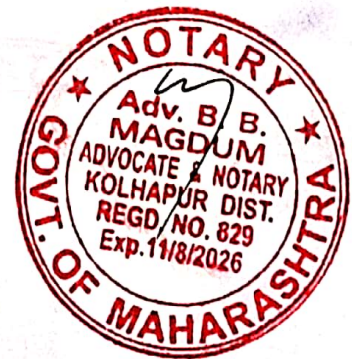
मुद्रांक विकत्याची सही

महाराष्ट्र विकत घेणाऱ्याची सही



31 JAN 2025

Sub Treasury Officer  
Kagal.

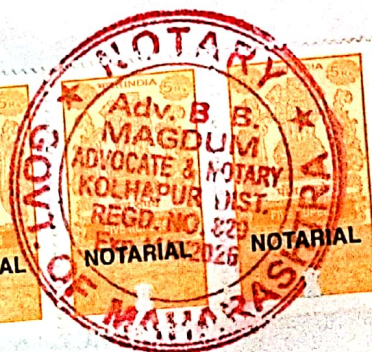


### DECLARATION

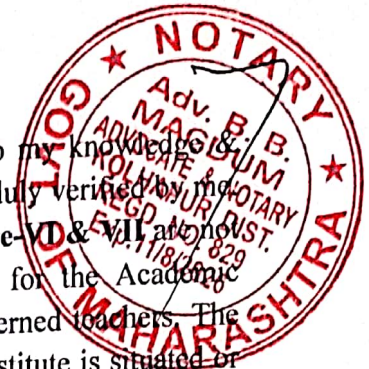
I, the Principal of the Y.D. Mane Institute of Nursing, Kagal, Kolhapur solemnly states on affirmation, that the information provided by me in Inspection Format as well as



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uploaded on College Website along with all Annexure is true and correct to my knowledge & Belief. 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 & VII are not working in any other Institute or presented themselves at any inspection for the Academic Year 2024-2025, as per my knowledge and information provided by the concerned teachers. The teachers in the Annexure-VI & VII are staying in the same city where the Institute is situated or adjacent to the city, where the Institute is situated and having the valid proof of residence of the said city. The teachers in the Annexure-VI & VII are not practicing in College working hours or out-side the City where the Institute is situated.



Infrastructure Required as per MSR and Indian Nursing Council Norms is available and we have own building for Nursing Institute or Required Specified Constructed Area as per Norms Laid by Authorities for College and Hostel as per Intake capacity and further No Other Nursing Colleges running in same campus or in same building

I am further hereby declaring 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 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 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 Kagal

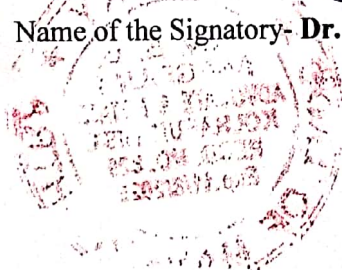
Date :

Place: Kagal

Signature of Principal -

Name of the Signatory- **Dr. Suhasinee alias Suchitrarani Abhijit Rathod**

Date:



Interpreted, Explained  
and Identified by me

महेश सुसांडाते

The above named persons  
Signed / Affixed L. H. I.  
Before me

**B. B. Magdum**  
Notary  
Kolhapur - District

Noted and Registered  
at Serial No. 225

31 JAN 2025

31 JAN 2025







Government of India  
B. M.  
NOTARY  
ST.  
29  
MAHARASHTRA



सुहासिनी उर्फ सुचित्राणी अभिजित राठोड  
Suhasinee Alias Suchitrarani Abhijit Rathod  
जन्म तारीख/DOB: 11/06/1964  
महिला/ FEMALE

Issue Date: 28/01/2020

Download Date: 05/02/2020

5549 6006 3363

VID : 9127 1257 0999 6419

माझे आधार, माझी ओळख





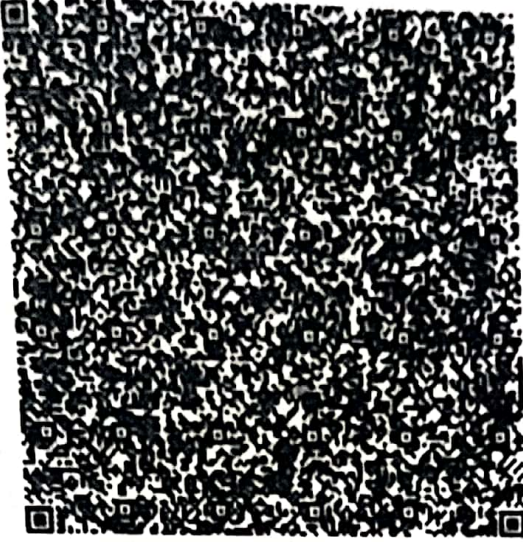
भारतीय न्यायपालिका



Unique Identification Authority of India

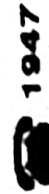
पत्ता:  
विश्व एंक्ले अपार्टमेंट एफ नं. 305 243/1, ई वॉर्ड, मुक्त  
सैनिक वसाहत, गुर मार्केट यार्ड, कोल्हापूर,  
महाराष्ट्र - 416005

**Address:**  
Vishwa Enclave Appartment F No.305 243/1,  
E Ward, Mukt Sainik Vasahat, Gur Market  
Yard, Kolhapur,  
Maharashtra - 416005



**5549 6006 3363**

VID : 9127 1257 0999 6419



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*(Signature)*

