



महाराष्ट्र MAHARASHTRA

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फक्त प्रतिज्ञापत्रासाठी  
 अनु. क्र. १२४८ दि. ०८/१२/२०२३ मु. शु. रकम १००/-  
 मुद्रांक विकत घेणाऱ्याचे नांव सुर्यदत्ता पुण्यदत्ता फाकेडेशन  
 पत्ता प्लॉट ३२२ पार्लोमनगर, वेलाळनक ॥ पुणे ४१  
 हस्तेचे नांव सुरजाम व रवनी विठ्ठल पुणे

मुद्रांक विकत घेणाऱ्याची सही  
 सौ. विणा गोरख किरवे  
 परवाना क्र. २२०१०४९  
 वेलाळनगर, कोथरुड, पुणे-३८  
 शासकीय कार्यालयसमोर/न्यायालयसमोर प्रतिज्ञापत्र सादर करण्यासाठी  
 मुद्रांक कागदाची आवश्यकता नाही. (शासन आदेश दि. १/७/२००४ नुसार)



ज्या कारणासाठी ज्यांनी मुद्रांक खरेदी केला त्यांनी त्याच कारणासाठी मुद्रांक खरेदी केल्यापासून ६ महिन्यात वापरणे बंधनकारक आहे.

**DECLARATION**

I, the Dean / Director/ Principal of the SEF's Suryadatta Institute of Health Sciences-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 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** are not working in / at any other College /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- VII & VIII** 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 - VII & VIII** 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 2<sup>nd</sup> day of FEBRUARY 2024 at...S.E.S. SINS-COL, PUNE.

Date : PUNE.....

Place : 02/02/2024



Signature of Dean/Principal

Dr. Leemi A. Retnarkar (PT)

Name of the Signatory-

(with Seal of the College / Institute)



**BEFORE ME**



VIPULA DHONDIRAM HAR.DAS  
ADVOCATE & NOTARY  
GOVERNMENT OF INDIA  
Gananjay Society, Kothrud, Pune-38.

**NOTED & REGISTERED**

AT SR. NO.: 71/2024

02 FEB 2024

