



महाराष्ट्र MAHARASHTRA

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ANNEXURE-X

DECLARATION

(To be prepared on a Stamp Paper Rs.100)

I, the Dean / Director/ Principal of the **Mahatma Gandhi Institute of Medical Sciences, Sevagram 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- I-A, I-B & II** are not working in / at any other College /Institute or presented themselves at any inspection for the Academic Year **2023-2024** as per my knowledge and information provided by the concerned teachers. The teachers in the **Annexure- I-A, I-B & II** 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

इस्ताथा प्रकार / अनुकूल क्र. _____
 दस्त नोंदणी करणार आहेत का ? _____
 नोंदणी होणार असल्यास दुय्यम निबंधक _____
 कार्यान्वयन को. _____
 मिलावटी को. _____
 मोबाइल नंबर _____
 मुद्रांक विभागातील को. _____
 दुय्यम को. _____
 हस्त को. _____
 मुद्रांक को. _____
 मुद्रांक विभागातील को. / दिनांक _____
 मुद्रांक विभागातील को. _____
 परमाणुपात्र को. _____
 तसेच मुद्रांक को. _____
 मुद्रांक विभागातील को. _____
 क्रमांक - ८/८५ प. दिनांक क्रमांक ४५०१०००
 ज्या कारणासाठी ज्यांनी मुद्रांक खरेदी
 केल्यापासून ६ महिने वापरणे बंधनकारक आहे

Mahatma Gandhi Institute of
 Medical Sciences, SEVAGRAM
 डॉ. अशोक शिंदे
 डॉ. अशोक शिंदे

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situated and having the valid proof of residence of the said city / town / village. The teachers in the Annexure- I-A, I-B & II 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 15 day of February 2023 at 11.00 AM

Date : 15/02/2023
 Place : Sevagram

Signature of Dean
 Name of the Signatory- Dr. A. K. Shukla
 Dean, MGIMS
 (with Seal of the College / Institute)



DEAN
 Mahatma Gandhi Institute of
 Medical Sciences, SEVAGRAM