

महाराष्ट्र MAHARASHTRA

2024

41AB 764962



संलग्न कोणकडे सादर केल्याचे शपथपत्र

निलेजापत्रासाठीचे कारण -

संदर्भही अनु.क्र. 3339) दि. 17/10/2025

मुद्रांक शुल्क रक्कम 100

मुद्रांक विकत घेणाऱ्याचे नाव वेताकेश्वर शिक्षण संस्था

व रहिवासी पत्ता - हायेगाव

हा अमित कुलगे

डि.आर.वासकोळे

मुद्रांक विकत घेणाऱ्याची सही

प.क्र.3701016 गुळ मर्केट,लातूर

ANNEXURE- XVII

DECLARATION

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

I, the Dean / Director/ Principal of the SVSS Latur College Of Physiotherapy,SVSS Educational Campus, Near Mahatma Basweshwar Chowk, Katpur Road, Latur- 413512.

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- VIII & IX are not working in / at any other College /Institute or presented Themselves at any inspection for the Academic Year 2025-26, as per my knowledge and

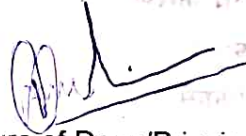
information provided by the concerned teachers. The teachers in the **Annexure- VIII & IX** are staying in the same city / town / village where the College / Institute is situated or adjacent to the city / town / village, where the College/Institute is situated and having the valid proof of residence of the said city / town / village. The teachers in the **Annexure- VIII & IX** are not Practicing in College working hours or out-side the City where the College /Institute is situated.

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 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 24th day of February 2025 at SVSS Latur College of Physiotherapy, Latur.

Date : 24/02/2025

Place : Latur



Signature of Dean/Principal

Name of the Signatory-

(with Seal of the College / Institute)

PRINCIPAL

SVSS Latur College of Physiotherapy
Hasegaon, Tq. AUSA, Dist. Latur

