



महाराष्ट्र MAHARASHTRA

2022

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देशीय दु.नि. कार्या. अ. वि. नं. २२९ (२२) दि. १२/१/२०२४

श्री. साठ आयुर्वेद कॉलेज, हॉस्पिटल व रिसर्च
घांमन रवळमन रु.

मानितलेखरुम त्यांना हा रु

त्यांना भारतीय रवळमन रु.

असे एकूण गण

घा जगदल प्रेम

घा एक

दिले असे

१२/१/२०२४



श्री. रघुनाथ शा. मुसळे

मुद्रांक विक्रेता प.नं. १९/१९९६ कोड न. २५०३००६

देशीय दु.नि. कार्यालय परिसरात

ANNEXURE- XVI

DECLARATION

I, the Principal of the Sai Ayurved College, Hospital & Research Centre, Sasure (Vairag) 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. Thesaid information is provided to me by the concerned teachers and duly verified by me. It is further submitted the teacher's 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 outside 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 Saturday day of 27/01/2024 at Sai Ayurved College, Hospital & Research Centre, Sasure (Vairag)

Date : 27/01/2024
Place : Sasure (Vairag)



Principal
Sai Ayurved College
Sasure (Vairag)

Name of the Signatory- Dr. Sayabu Laxman Gaikwad



(with Seal of the College / Institute)