



महाराष्ट्र MAHARASHTRA

2025

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वैराग दु.नि. कार्या. अ.वि.नं. ४२३६५ दि. २२/१/२०२६  
श्री. ~~वैराग दु.नि. कार्या. अ.वि.नं. ४२३६५~~ या जर्नल स्टम्प  
यांनी रक्कम रु. ~~१००~~ या एक  
मागितलेवरून त्यांना हा रू. ~~१००~~ चे लावावे  
त्याचे भरतीस रक्कम रु. ~~१००~~ दिले असे  
असे एकूण नग ~~१००~~

श्री. रघुनाथ शा. मुसळे  
मुद्रांक विक्रेता प.नं. १९/१९९६ कोड न. २५०३००६  
वैराग दुप्यम निबंधक कार्यालय परिसरात

9 JAN 2026  
विभाग अधिकारी

### DECLARATION

I, the Principal of the Sai Ayurved College, Hospital & Research Centre, Sasure(Vairag), Tal- Barshi, Dist- Solapur, Maharashtra, 413402 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 teacher's information attached in respective Annexure-IV are not working in / at any other College /Institute or presented themselves at any inspection for the

Academic Year 2026-2027, as per my knowledge and information provided by the concerned teachers. The teachers in the **Annexure- IV** 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- IV** 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 \_\_\_\_\_ day of \_\_\_\_\_  
at \_\_\_\_\_.

Date :

Place : Sasure (Vairag)



  
Dr. Sayabu Gaikwad  
Principal  
Sai Ayurved College, Vairag  
Dist. Solapur

Signature of Dean/Principal

Name of the Signatory- Dr. Sayabu Laxman Gaikwad

(with seal of the College / Institution)