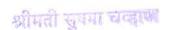


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प्रधान मुद्रांक कार्यालय, मुंबई प.मु.बि.क्र. ८०००९८ 2 8 JAN 2025 सक्षम अधिकारी



**ANNEXURE-XVI** 

## **DECLARATION**

I, the Dean / Director/ Principal of the Sir H. N. Hospital and Research Centre College of Nursing solemnly states on affirmation, that the information provided by me in Ingspection Format as well as uploaded on College Website along with all Annexure is true and correct to my knowledge & Belief. 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- VI & VII are not working in / at any other College /Institute or presented themselves at any inspection for the Academic Year 2025 -2026, as per my knowledge and information provided by the concerned teachers.



जोडपत्र-१ / Annexure-I फक्त प्रतिज्ञापत्रासाठी / Only for Affidavit मुद्रांक विकत घेणाऱ्यांचे नाव मुद्रांक विकत घेणाऱ्यांचे रहिवाशी पत्ता मुद्रांक विक्रिबाबतची नोंद वही अनु. क्रमांक. परवानाधारक किविकित्याची सही मुद्रांक विकत घेणाऱ्यांची सही परवाना क्रमांक : ८००००१८ परवाना क्रमाक : ८०००२८ मुद्रांक विक्रिचे ठिकाण/पत्ता: बार असोशिएशन ऑफ एम ए सी टी ९, हजारीमत सोमानी मार्ग, भरता हायग्रुतच्या समोर, कॅपिटन सिनेपाच्या मुज्जा, प्रिमेटि पूर्वा-ले. शासकीय कार्यालयासमोर/न्यायातयासमोर प्रिकृतिक स्मान्दर करणेसाठी मुद्रांक कागदाची आवश्यकता नाही. (गासन आदशा द. ०१/०७/२००४) नुसार ज्या कारणासाठी ज्यांनी मुद्रांक खरेदी केला त्यांनी स्याच कारणासाठी मुद्रांक खरेदी केल्यापासून ६ महिन्यात वापरणे बंधनकारक आहे. -3 FEB WE

The teachers in the <u>Annexure-VI & VII</u> 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 <u>valid proof of residence</u> of the said city / town / village. The teachers in the <u>Annexure-VI & VII</u> are not practicing in College working hours or out-side the City where the College /Institute is situated.

Infrastructure Required as per MSR and Indian Nursing Council Norms is available and we have own building for Nursing Institute or Required Specified Constructed Area as per Norms Laid by Authorities for College and Hostel as per Intake capacity and further No Other Nursing Colleges Running in Same campus or In Same Building

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 3<sup>rd</sup> day of February. 2025 at Mumbai.

Date: 03.02.2025

Place: Mumbai

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ELIZABETH V. RODRIGUES
PRINCIPAL
Signatures H. N. Hospital & R. C.
College of Nursing
Dean/Principal Manage 690 033.

the Signatory-

(With Seal of the College/Institute)

Date: 03.02.2025

