



महाराष्ट्र MAHARASHTRA

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उपपत्रे 1

उपपत्रे

प्रतिज्ञापक (अनुच्छेद क्र.4)

प्रतिज्ञापक कोषागारी सादर करावयाचे

प्रतिज्ञापकासाठी कारण

कोषागारी घेण्याची नाव व पत्ता

कोषागारी घेण्याची नोंद वही अनु. क्र.

विद्युत वही २३५  
पुणे येथील  
३२६  
९ DEC 2024

Office Nanded  
DEC 2024

सदरमुष्ठी भागोजी सावंत प्राथमिक शिक्षण  
विद्यालय, म.क्र. ३६६

कोषागारी घेण्याची सही

Stamp Head Clerk  
NANDED  
ANNEXURE - XIV

### DECLARATION

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

I, the Dean / Director/ Principal of the HORIZON COLLEG OF PHYSIOTHERAPY Vishnupuri, Nanded – Maharashtra 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 Annexure 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- 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 out-side the City where the College /Institute are 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 the 29<sup>th</sup> day of Nov. 2024 at Nanded.

Date : 29 Nov. 2024

Place : Nanded.

  
Signature of Dean/Principal

Name of the Signatory

(with Seal of the College / Institute)

**Principal**

**Horizon College of Physiotherapy  
Vishnupuri, Nanded.**