



महाराष्ट्र MAHARASHTRA

2022

30AA 764297



21 APR 2023

उप निदेशक, अधिकांश
यादवी, इस्लामपुर

DECLARATION

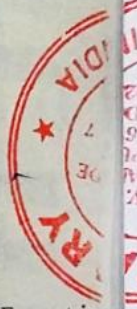
I, the Dean / Director/ Principal of the **Loknete Rajarambapu Patil Ayurvedic Medical College, Hospital, PG Institute & Research Center, Islampur**, College / Institute solemnly states on affirmation, that the information provided by me in Inspection Format as well as uploaded on College Website along 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- VII & VIII** are not working in / at any other College /Institute or presented themselves at any inspection for the Academic Year 2023-2024, 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 is situated.

2 MAY 2023

नोटरी

प्रतिष्ठान का नाम	लोकनेते राजारामबापू पाटील आयुर्वेदिक
पता	मेडिकल कॉलेज, उरुण-इस्लामपुर
तारीख	२१/०५/२०२३
हस्ताक्षर	<i>[Signature]</i>
पंजीकृत नंबर	२४०९०९८

ज्या कारणाराठी उरुणी मुद्रांक खाली घेऊन त्यांनी तयार केलेल्या मुद्रांक खाली केल्यापासून ६ महिन्यात आपणजे बंधनकारक आहे.



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 ..०२ day of ..May.....20२३.. at..Urun-Islampur

Date : 02/05/2023

Place : Urun-Islampur



Signature of Dean/Principal Name of the
DEAN
 Loknate Rajarambapu Patil
 Ayurvedic Medical College, Hospital,
 P.G. Institute & Research Center,
 Urun-Islampur Tal. Waiwa, Dist. Sangli

(with Seal of the College / Institute)



2 MAY 2023

Solemnly affirmed before me by
 Shri./Smt. *[Signature]*
 Who is identified before me by
 Shri./Smt. *[Signature]*
 whom I Personally Known.

Noted & registered
 at Serial Numbers
 Total Page No

BEFORE ME
[Signature]
R. V. KOPARDE
 ADVOCATE & NOTARY
 GOVT. OF INDIA, REG. NO. 6723
 MAHADEV NAGAR, ISLAMPUR - 415409
 AT WAIWA, DIST. SANGLI, M.S.





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ಭಾರತ ಸರ್ಕಾರ

Unique Identification Authority of India
Government of India

ಲೇಖನ ಸಂಖ್ಯೆ / Enrolment No.: 1190/11870/02166

To: Dr. Veerendra
(ದ್ರ. ವೀರೇಂದ್ರ)
S/O Kalyan Rao
2-4-80
Teen Dukan GALLI
Bhalki
Bidar
Karnataka - 585328
Mobile: 9225347263

Date: 22/11/2011

Ref. No: 00000026-00131154-00101327.



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ನಿಮ್ಮ ಆಧಾರ್ ಸಂಖ್ಯೆ / Your Aadhaar No. :

8900 4882 9869

ಆಧಾರ್ - ಶ್ರೀಸಾಮಾನ್ಯನ ಅಧಿಕಾರ



ಭಾರತ ಸರ್ಕಾರ
GOVERNMENT OF INDIA



ದ್ರ. ವೀರೇಂದ್ರ
Dr. Veerendra
ಜನ್ಮದ ವರ್ಷ / Year of Birth : 1973
ಪುರುಷ / Male

8900 4882 9869



ಆಧಾರ್ - ಶ್ರೀಸಾಮಾನ್ಯನ ಅಧಿಕಾರ

(Handwritten signature)

