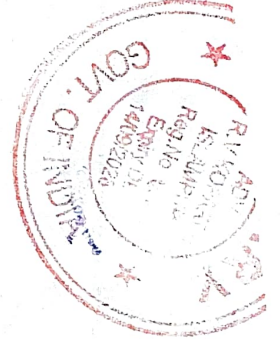




फलक प्रतिज्ञापत्रासाठी (अनुच्छेद-४)	
प्रतिज्ञा देण्याकरिता घेतला गेलेला परीक्षेचा	कोकनेत राज्यासमवायू पाटील आधुनिक वैद्यकीय कॉलेज, उरुण-पुर्लामपूर
प्रतिज्ञा	वैद्यकीय कॉलेज, उरुण-पुर्लामपूर
मुद्रांक	वैद्यकीय कॉलेज, उरुण-पुर्लामपूर
मुद्रांक क्रमांक	१०९९
मुद्रांक दिनांक	२४/११/२०२४
मुद्रांक	<i>[Signature]</i>
परिष्कारित मुद्रांक दि. ११/११/२०२४ रोजी परीक्षा	मुद्रांक क्रमांक १०९९
मुद्रांक तसेच मुद्रांक विक्रीचे ठिकाण	<i>[Signature]</i>
ज्या कारणासाठी ज्यांनी मुद्रांक खरेदी केला त्यांनी त्याच कारणासाठी मुद्रांक खरेदी केल्यापासून ६ महिन्यांत वापरणे संभवकारक आहे.	



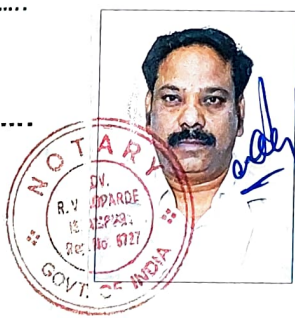
The said information is provided to me by the concerned teachers and duly verified by me. It is further submitted the teacher's information attached in respective Annexure- VII & VIII are not working in / at any other College /Institute or presented themselves at any inspection for the Academic Year 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.....Day of .....20..... at.....

Date: .....

Place: Islampur



*[Signature]*  
Signature of Dean

DEAN

K. K. Rajarambapu Patil  
Ayurvedik Medical College, Hospital,  
& G. Institute & Research Center,  
Urun-Islampur Tal. Walwa, Dist. Sangli

9 FEB 2024

Noted & Registered  
At Serial Numbers 53  
Total Page No. 2

Subscribed and sworn to before me by  
*[Signature]*  
Attest my hand and seal this day of  
*[Signature]*  
whom I personally know.

BEFORE ME

R.V. KOPARDE  
ADVOCATE & NOTARY  
GOVT. OF INDIA, REG.No. 6727  
MAHADEV NAGAR, ISLAMPUR- 415 409  
TAL. WALWA, DIST. SANGLI (M.S.)

*I read the depute  
to Mr. N. L. Lohare  
no. 53*

