



महाराष्ट्र MAHARASHTRA

2021

ZL 114651



ANNEXURE- XIII

DECLARATION

I, the Principal of the Nazarene Nurses Training College, Washim 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 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 2022-2023, as per my knowledge and information provided by the concerned teachers. The teachers in the **Annexure- VI & VII** 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 /

मुद्रांक विक्री नोंदवही अ.क्र.
दस्ताचा प्रकार :-
दस्त नोंदणी करणार आहात काय? :-
मिळकतीचे थोडक्यात वर्णन :-
मुद्रांक विकत घेण्या-याचे नांव व सही :-
हस्ते असल्यास त्याचे नांव पत्ता व सही :-
दुस-या पक्षकाराचे नांव :-
मुद्रांक शुल्क रक्कम :- १००/-
परवाना धारक मुद्रांक विक्रेत्याची सही व परवाना क्रमांक :-
तसेच मुद्रांक विक्रीचे ठिकाण :- वाशिम.
ज्या कारणासाठी ज्यांनी मुद्रांक खरेदीकेला त्यांनी त्याच कारणासाठी
मुद्रांक खरेदी केल्या पासुन ६ महीन्यात वापरणे बंधनकारक आहे.

दिनांक :-

२९/०४/२०२२

PRINCIPAL
Nazarene Nurses Training College
Reynolds Memorial Hospital
Washim 444505 (M. S.)

(Signature)

(Signature)
सु.के. निरखी

मुद्रांक विक्रेता, वाशिम

प.क्र. ०४/९० कोड क्रं. ६५०१००६

village. The teachers in the Annexure- VI & VII 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 22 day of April 2022 at Washim.

Date: 22/04/2022

Place: Washim



(Signature)
Signature of Dean/Principal Mrs. Rajula Asir R
PRINCIPAL
Nazarene Nurses Training College
Reynolds Memorial Hospital
Washim 444505 (M. S.)



भारत सरकार
GOVERNMENT OF INDIA



भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA



रजुला असीर आर
Rajula Asir R
जन्म तिथि/ DOB: 18/02/1978
महिला / FEMALE



पता:

कोदतेर नो 19, रेयनॉल्ड
हॉस्पिटल, वाशीम, वाशीम,
महाराष्ट्र - 444505

Address:

Cotter no 19, Reynold Hospital,
Washim, Washim,
Maharashtra - 444505

3904 0375 3729

3904 0375 3729

Rajsh
PRINCIPAL

Nazarene Nurses Training College
Reynolds Memorial Hospital
Washim 444505 (M. S.)