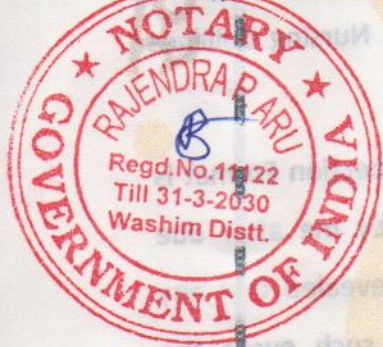




महाराष्ट्र MAHARASHTRA

2025

62AB 314180



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 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 teacher's information attached in respective Annexure-VI & VII are not working in any other College /Institute or presented themselves at any inspection for the Academic Year 202-2027, as per my knowledge and information provided by the concerned teachers. The teachers in the Annexure-VI & VII are staying in the same city where the College is situated and having the valid proof of residence of the said city. The teachers in the Annexure- VI & VII are not practicing in College working hours or out-side the City where the College is situated.

ATTESTED
Rajendra p.Aru
Notary, Govt. Of India
Washim Distt. Regd. No. 11122

1) मुद्रांक विक्री नोंद वही अ. क्र. २ दिनांक :

2) दस्ताचा प्रकार

3) दस्त नोंदणी करणार आहेत काय

4) मिळकतीचे थाडक्यात वर्णन

5) मुद्रांक विकत घेणाऱ्याचे नांव, पत्ता व सही

6) हस्ते असल्यास त्याचे नांव, पग व सही

9) दुसऱ्या पक्षकाराचे नांव

मुद्रांक शुल्क रक्कम १००

1) परवानाधारक मुद्रांक विक्रेत्याची सही व

परवाना क्रमांक तसेच मुद्रांक विक्रीचे ठिकाण व पत्ता :

ज्या कारणासाठी ज्यांनी मुद्रांक खरेदी केला त्यांनी त्याच

कारणासाठी मुद्रांक खरेदी केल्यापासून ६ महिन्यांत वापरणे बंधनकारक आहे

वि. ब. अंतरकर

मु.वि.वाशीम प.क्र.१/७८

फोड नं. ६५०९००४

Infrastructure Required as per MSR and Indian Nursing Council Norms is available and we have own building for Nursing Institute and 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 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 6th day of February 2026 at 11 am.

Date : 06/02/2026

Place : Washim

Executant(s)

Signature of Dean/Principal Name
of the Signatory-

(With Seal of the College/Institute)

Date : 06/02/2026

PRINCIPAL

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

Certified that this Document
(Affidavit contains pages
From 1 to 2)

Witness as to signature of
Executant(s) only, Document(s)
Not prepared, Revised or Advised
Upon on legality or any other

Rajendra P. Aru
Notary, Govt. of India
Washim Distt. Regd. No. 11122

ATTESTED
Rajendra p. Aru
Notary, Govt. Of India
Washim Distt. Regd. No. 11122