



महाराष्ट्र MAHARASHTRA

2020

XT 444924



DECLARATION

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

I, the Dean / Director / Principal of the **Dr. Rajesh Ramdasji Kambe Dental College & Hospital** 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 that the teachers information attached in respective **Annexure- VIII & IX** 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- VIII & IX** 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

मुद्रांक क्रमांक/दिनांक	No 02154
मुद्रांक विक्री नोंदणीवही अनु. क्रमांक/दिनांक	Dean
मुद्रांक विक्री घेणाऱ्याचे नाव, रहिवासाचा पत्ता व सही	Dr. Rajesh Ramdasji Kambe Dental College & Hospital, Kanheri Sarap Tq. Barshitakli, Dist. Akola
Jayendra Khedkar, S.V. Lic. No. 9/2007, Shop No.B-1, "Sethi Heights", Collector Office Sq. Akola-446001	Dr. Rajesh Ramdasji Kambe Dental College & Hospital, Kanheri Sarap, Tq. Barshitakli, Dist. Akola
शासकीय कार्यालयसमोर/न्यायालयसमोर प्रतिज्ञापत्र सादर करण्यासाठी मुद्रांक लागूदाची आवश्यकता नाही. (शासन आदेश दि. 09/08/2002 मुसत)	
ज्या कारणासाठी ज्यांनी मुद्रांक खरेदी केला त्यांनी त्याच कारणासाठी मुद्रांक खरेदी केलेल्यामुळे त्या रहिवासाचा पत्ता बदलणे आवश्यक आहे	

दिनेश राजेंद्र कांबे
Dr

(2)

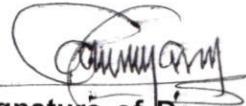
proof of residence of the said city / town / village. The teachers in the **Annexure- VIII & IX** are not practicing in College working hours or out-side the City where the College / Institute is situated.

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 22 day of April 2022 at Kanheri (Sarap) ,Dist.Akola

Date: 22/04/2022

Place: Kanheri (Sarap)


Signature of Dean

Name of the Signatory **Dr. P.V.Wanjari**
(With Seal of the College / Institute)

Dean
Dr. Rajesh Ramdasji Kambe Dental
College & Hospital Kanheri Sarap
Tq. Barshitakli, Dist. Akola