

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 **2023-2024 & 2024-2025**, 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 / 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 29<sup>th</sup> Day of January 2024 at Daund.

Date : 29/01/2024

Place : Daund



*Jyotsna Deshpande*

Signature of Principal

Dr. Jyotsna Rajendra Deshpande  
**PRINCIPAL**

Sushrusha Institute of Nursing Sciences  
Daund, Dist. Pune



(with Seal of the College/ Institute)



महाराष्ट्र MAHARASHTRA

2023

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मु.वि.नोंदवही अ. ११३६९ दि. २५/१/२४ रु. १००/-  
मुद्रांक कोषागार, कार्यालय, द.नि. कार्यालय, आगरा, पुणे.  
मुद्रांक विकल योजना अंतर्गत डॉ. मेडिकल फाउंडेशन  
संपूर्ण पत्ता डॉ. मेडिकल फाउंडेशन  
हस्ते व्यक्त निमित्त निलिष त्रिभुवन  
पत्ता डॉ. मेडिकल फाउंडेशन  
मुद्रांक खर्चीदारानी सही

कार्यालय, पुणे, दि. २३ जाने २०२४

अशोक म. गावकरी  
मुद्रांक विक्रेता, परवाना क्र. 2205006  
द.नि. कार्यालय आगरा

ANNEXURE- XIII

### DECLARATION

I, the Principal of the Daund Medical Foundation's Sushrushta Institute of Nursing Sciences, Daund 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 Annexure is true and correct to the best of my knowledge. The said information is provided to me by the