

२८६/२०२६



महाराष्ट्र MAHARASHTRA

2025

EL 043024

अनुक्रमांक ५६८ दिनांक ३ / १२ / २०२६ रकमे ५००x४/-  
मुद्रांक कोणत्या कारणासाठी वापरला या आढे प्रविष्टा पत्र  
मुंबई मुद्रांक अधिनियम, १९५८ चे अनुच्छेद क. ३४  
मुद्रांक वापरणाराचे संपुर्ण नांव डॉ. मेडीकल कॉलेज  
संपुर्ण पत्ता डॉ.  
हस्ते व्यक्तीचे संपुर्ण नांव २१/५२ न२५३  
पत्ता डॉ.



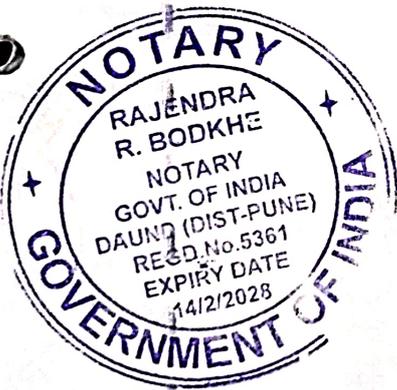
22 JAN 2026

Sub Treasury Officer,  
Daund, Dist-Pune

मुद्रांक धारकांची सही/हस्ते व्यक्तीची सही

(ज्योती कैलास बोडके)

मुद्रांक विक्रेता  
परवाना क्रमांक २२०५०२८  
पत्ता-दौंड, ता.दौंड, जि.पुणे



ANNEXURE-XVI

DECLARATION

(To be prepared on a Stamp Paper of Rs.500 Duly Notarized)

I, the Dean/Director/Principal of the Sushrusa Institute of Nursing Sciences, Daund 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 / at any other College /Institute or presented themselves at any inspection for the Academic Year 2026-2027, as per my knowledge and information provided by the concerned teachers. The teachers in the **Annexure-VI & VII** are staying in the same city / 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.

Infrastructure Required as per MSR and Indian Nursing Council Norms is available and we have own building for Nursing Institute or 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 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.

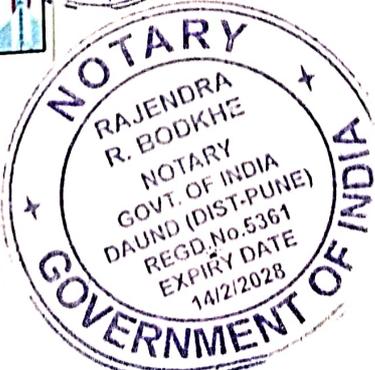
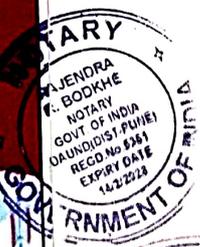
This declaration is voluntarily signed by me on **05<sup>th</sup> day of February 2026** at  
**Date :05/02/2026**

**Place:DAUND**

*[Handwritten Signature]*  
**PRINCIPAL**

Signature of Dean/ Principal  
**Dr Jyotsna r deshpane**  
 (With Seal of the College/Institute)  
**Date:**

**SUSHRUSHA INSTITUTE OF NURSING SCIENCES, DAUND DIST-PUNE**



**BEFORE ME**

*[Handwritten Signature]*  
**RAJENDRA R. BODKHE**  
 NOTARY GOVT. OF INDIA  
 DAUND, DIST-PUNE  
 Noted and Registered  
 at Serial Number **286/2026**  
**17 FEB 2026**