



महाराष्ट्र MAHARASHTRA

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जोड पत्र - २

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दिनांक. ०५/०२/२०२५ अ.क्र. ....

मुद्रांक विकत घेणाऱ्याचे नाव व पत्ता संध्यार गौस खरवरसाव

रा. मडोड ता. नांदेड जिल्हा नांदेड

दस्तावा प्रकार व नोंदणी करणारा नांदेड

हस्ते असल्यास त्यांचे नाव पत्ता व सहा नांदेड

दुसऱ्या पक्षकाराचे नाव नोवत नमिंग इन्स्टिट्यूट,

मुद्रांक शुल्क. ५००/- जानापुडी नोडेंड



विनीद ग. मुपेंडे  
मुद्रांक विक्रेता  
तहसील कार्यालय, मुखेड  
परवाना क्र. 02/2025

STO  
Mukhed

03 FEB 2025

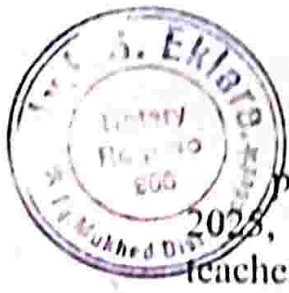
Eklare L.S. Notary  
And Advocate Mukhed

ANNEXURE-XVI

### DECLARATION

I, the Principal of the Global Nursing Institute, Janapuri Nanded Dist. Nanded College Code 154145 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 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- VII & VIII are not working in / at any other College /Institute or





presented themselves at any inspection for the Academic Year 2024-2025, as per my knowledge and information provided by the concerned teachers. The teachers in the Annexure- VII & VIII 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- VII & VIII are not practicing in college working hours or outside 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      day of January 2025 at 10am

Date :-

Place:-

Principal

Shivprasad Nursing Institute  
Mukhed Dist.Nanded

### AFFIDAVIT

Solemnly Affirmed Before me

By Sunil Gung

Age 27 Years OCC 2025

R/o Mukhed To Mukhed

Date 01/2/25 Who is Identified

Shre. Amritha Gung

to whom I have Personally

Place Mukhed.

Date

Before Me

Eklare L.S.

Adv. Notary, Mukhed