

# **ANNEXURE – X**



महाराष्ट्र MAHARASHTRA

2025

53AB 468463

29 JUL 2025



जिल्हा कोषागार कार्यालय तर्ना  
21 JUL 2025  
प्रमुख लिपीक / लिपीक

ANNEXURE-X

**DECLARATION**

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

I, the Dean/Director/Principal of the Dr. Sunil N. Petkar, Terna Medical College/Institute solemnly states on affirmation, that the information provided by me in Inspection Format as well as uploaded on College Website alongwith 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 the teachers information attached in respective Annexure-..... & ..... are not working in / at any other College/Institute or presented themselves at any inspection for the Academic Year 20.....-20....., as per my knowledge and information provided by the concerned teachers. The teachers in the Annexure-..... & ..... 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-.....& ..... 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 ..... day of .....20.....at.....

Date:.....

Place:.....

Signature of Dean /Principal  
Name of the Signatory- Dr. Sunil N. Petkar  
(with Seal of the College/Institute)

29 JUL 2025

फक्त प्रतिज्ञापत्रासाठी

मुद्रांक विक्री नोंद वही अनु. क्रमांक ४२७०० ..... टिकाक .....  
मुद्रांक विकत घेणाऱ्याचे नाव. Dean, Terna Medical College  
रहिवासाचा पत्ता व सही..... PL ४-१२

परवानाधारक मुद्रांक विक्रीत्याचे नाव व सही व परवाना क्रमांक तसेच मुद्रांक विक्रीचे ठिकाण/पत्ता  
अकुर सर्व्हिसेस, दुकान नं. ६, जयता मार्ग, सेक्टर-३, नेरुळे,  
नवी मुंबई-४००७०६, मो. क्र. ९३२९९७८२७९  
परवाना क्र. ५३/१९९९, नविन परवाना क्र. १२०९०४४

भारतीय काँग्रेस पक्षाच्या कार्यालयासमोर/त्याच कार्यालयासमोर प्रतिज्ञापत्र सादर करणेसाठी मुद्रांक काजदाची आवश्यकता नाही  
(शासन आदेश दि. ०१/०७/२००४ नुसार)

ज्या कारणासाठी ज्यांनी मुद्रांक खरेदी केला त्यांनी त्याच कारणासाठी  
मुद्रांक खरेदी केल्यापासून ६ महिन्यांचा आत तक्रार देण्यात येऊ नये



### DECLARATION

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

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This declaration is voluntarily signed by me on ..... day of .....20.....at.....

Date:.....

Place:.....

Signature of Dean /Principal  
Name of the Signatory- Dr. Sunil N. Petkar  
(with Seal of the College/Institute)