

Percentage



ANNEXURE-XVI

DECLARATION

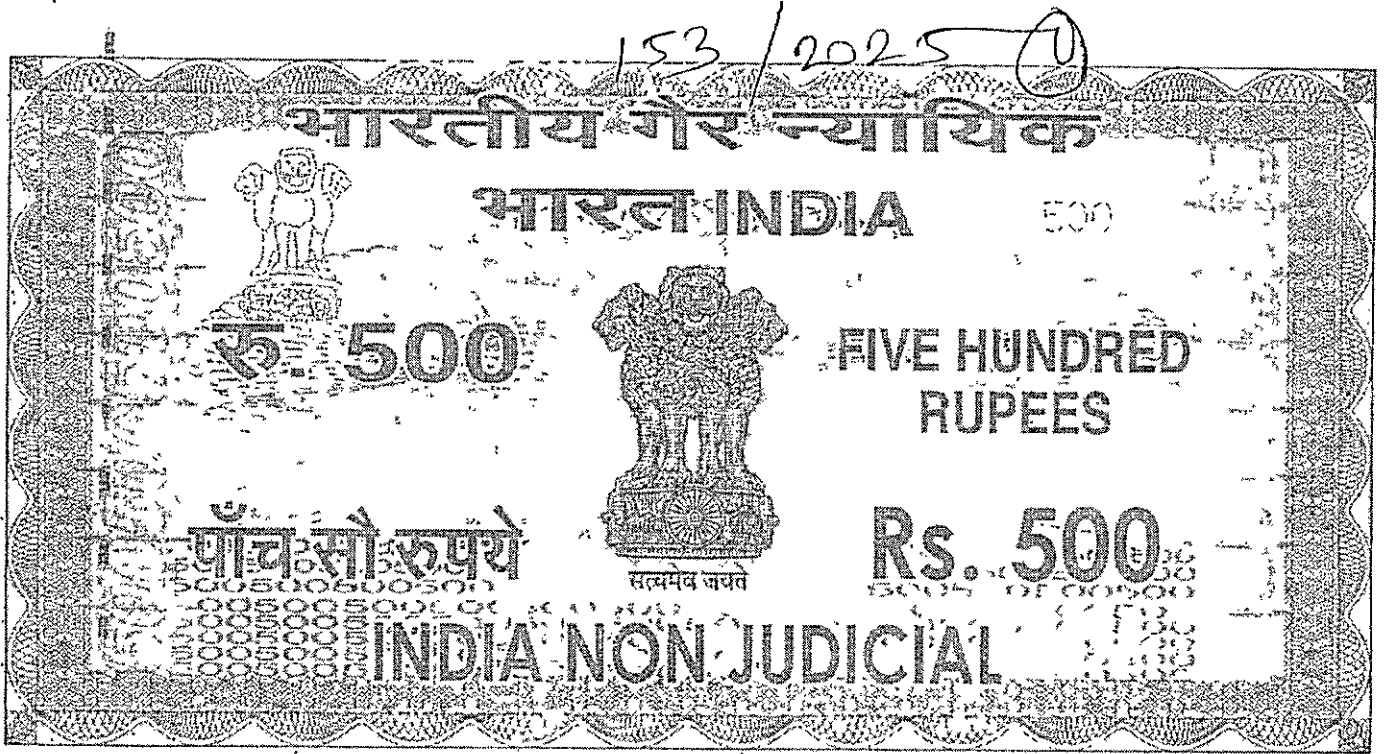
(To be prepared on a Stamp Paper of Rs.500 Duly Notarized)

I, the Dean / Director/ Principal of the Iskcon Medical College Nursing 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 my knowledge & Belief. 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- VI & VII are not working in / at any other College /Institute or presented themselves at any inspection for the Academic Year 20.24-20.25, 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.....day of .....20.....at.....

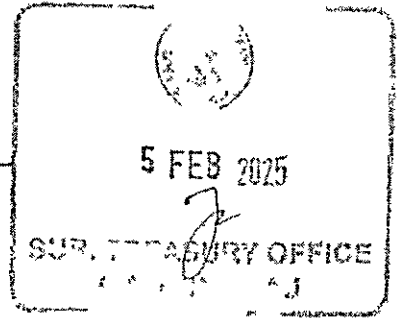


महाराष्ट्र MAHARASHTRA

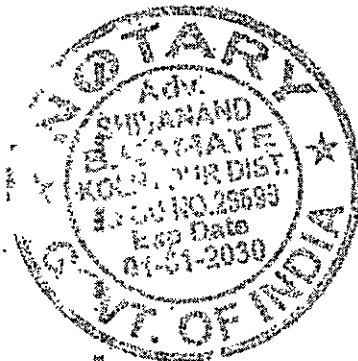
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CP 811526

जोडपत्र - १	जोडपत्र - २
मु. विक्री क्र. 93822 किंमत रु. 400/- चेकी रु. 400/- दि. 12/12/2024	
श्री. Principal Kedari Redekar College of Nursing (B.Sc. Nursing)	तर्फे विठ्ठल संजय शिंदे रवडे तह. आत्मरा
<i>[Signature]</i> Principal Kedari Redekar College of Nursing (B.Sc. Nursing)	<i>[Signature]</i> श्री. प्रकाश एस. पाटील (मुद्रांक विक्रेता)
मुद्रांक घेणार स्वाक्षरी/अंगठा	कचेरी रोड न. पा. गाळा वं. ३५, गडहिंग्लज
मुद्रांक घेण्याचे कारण कोलेज आणि	परवाना क्र. मु. वि. अ. १/९६-९७
आधार नं. ....	कोड क्र. २६०६००४



सदर मुद्रांक पक्षकार यांनी स्व:जबाबदारीवर घेतलेला आहे. त्याचा गैरवापर झाल्यास त्यास मुद्रांक विक्रेता जबाबदार राहणार नाही. ज्या कारणासाठी मुद्रांक खरेदी केला त्याच कारणासाठी मुद्रांक खरेदी केल्यापासून सहा महिन्यात वापरणे बंधनकारक आहे.



Notary Regi. Sr. No. 153/2025

ANNEXURE-XVI

### DECLARATION

I the Principal of the Kedari Redekar College of Nursing, Gadhinglaj, Tal : Gadhinglaj, Dist : Kolhapur solemnly states on affirmation, that the information provided by me in Inspection Format as well as uploaded on College Website along with

*[Signature]*  
Principal  
Kedari Redekar College of  
Nursing (B.Sc.)

No. of Corrections  
on this page *NIB*




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 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 2024-2025 as per my knowledge and information provided by the concerned teachers. The teacher 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.

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
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 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 8<sup>th</sup> day of Feb, 2025, at Gadhinglaj.

  
Principal  
Signature of Principal **Kedari Redekar College of Nursing (B.Sc.Nursing)**  
Name of the signatory - Prabhudeva S. K.

(With seal of the college)

Date : - 8 FEB 2025

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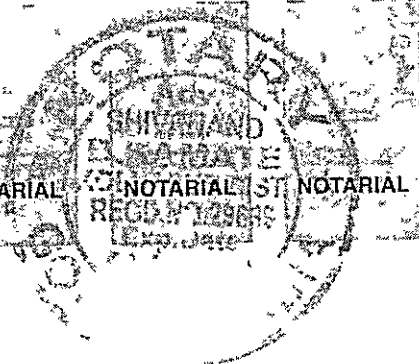
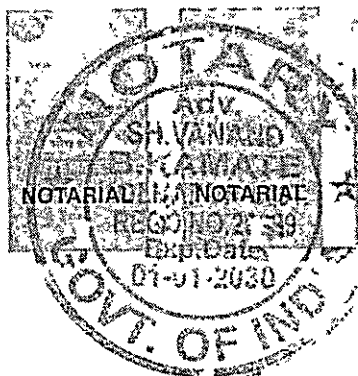
(3)

IDENTIFIED BY

Mr. Pravin Gundu Narke  
of Ajga Tal. ~~Ajga~~ BEFORE ME

Adv. SHIVANAND BARAMA KAMATE  
ADVOCATE AND NOTARY  
House No. 803, Navado Galli, GADHINGLAJ  
Dist-Kolhapur M.No. 9423279110

- 8 FEB 2025



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