

महाराष्ट्र MAHARASHTRA

2024

CV 442044

अ.क्र. २६५८ दिनांक: १०/०२/२०२५

नाव:- तापीचंदन फाऊंडेशन, चिनावल

रा. चिनावल ता. रावेर जि. जळगाव

हस्ते:- श्री. भुषण देविदास तळेले

नितीन भास्कर वारके

ला. स्टॅम्प वेंडर

नहावी ता. यावल ला. न. १/२००२

This Document Contains 2 Pages
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ANNEXURE-XVI

DECLARATION

I, the Principal of the Dr. Khachane Nursing College, Jalgaon .College 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 2025-2026 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 Tuesday of 11/02/2025 at Faizpur
Date-11/02/2025

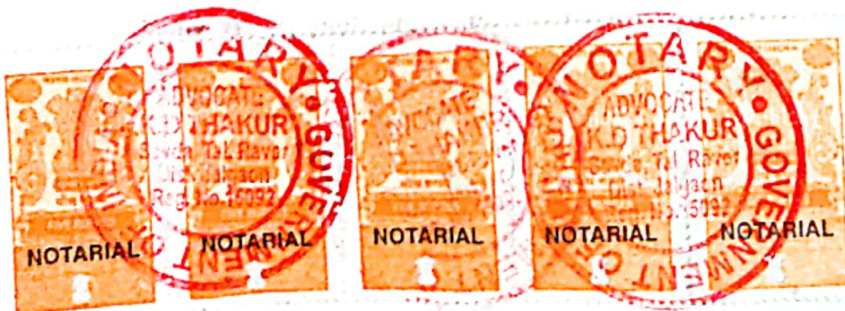
Place:Nhavi



P. Ghadge
Dr. Jayshree Ghadge
Principal

Dr. Khachane Nursing College
Nhavi - 425524

Identification by



D. Bhat
ADV. KALIDAS D. THAKUR
Public Notary, New Delhi
Reg. No. 16092
Swaminarayan Nagar, SAVDA
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Mob. 99237 91177
11 FEB 2025

