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महाराष्ट्र MAHARASHTRA

2023

63AA 416788

दस्तावेजाचा प्रकार -	: शैक्षणिककामी	अनुच्छेद क्रमांक.
दस्त नोंदणी करणार आहात का :		दु.नि.कार्यालयाचे नाव.
मिळवतीचे वर्णन :		
मोबदला रक्कम :		
मुद्रांक विकत घेणाऱ्याचे नांव व पत्ता:	डॉ. एस पी पाटील आयुर्वेदिक मेडिकल कॉलेज	
हस्ते असल्यास त्यांचे नांव व पत्ता:	& आयुर्वेदिक केअर हॉस्पिटल कोरांची हस्ते:अमोल	
दस्तावेजा पक्षकाराचे नांव व पत्ता:	विश्वास पाटील रा.कोरांची	
मुद्रांक शुल्क एकूण रक्कम रुपये:५००/-		पैकी रक्कम रु:५००/-
मुद्रांक विक्री नोंदवही अनुक्रमांक:२०४३६		दिनांक-२२/१२/२०२३
मुद्रांक विकत घेणाऱ्याची सही	<i>Apail</i>	मुद्रांक विक्रेत्याची सही
मुद्रांक विक्रेत्याचे नांव:	सौ.स्मिता यशवंत जाधव,पत्ता:मंगळवार पेठ,इचलकरंजी.	
मुद्रांक विक्री परवाना क्रमांक :	२५/२०००-२००१ लायसन्स कोड नं. २६०७०४४	
ज्या कारणासाठी ज्यांनी मुद्रांक खरेदी केला त्यांनी त्याच कारणासाठी मुद्रांक खरेदी केल्या पासून ६ महिने वापरणे बंधनकारक आहे.		

Sub Office Treasury Ichalkaranji

13 DEC 2023

Sub Treasury Officer Ichalkaranji.



ANNEXURE- XVI

**DECLARATION**

I, the Dean / Director/ Principal of the **Dr. Shubhangi Pradilp Patil Ayurvedic Medical College, Korochi, Ichalkaranji, Tahasil-Hatkanangale, Dist-Kolhapur, Maharashtra, 416109** 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 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 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 20.....-20....., 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 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 20<sup>th</sup> day of January...2024.  
at. Ichalkaranji

Date : 20/01/2024

Place : Korochi- Ichalkaranji



Signature of Dean / Principal  
(Dr. Ranjit Sadashiv Patil)  
PRINCIPAL  
Dr. Shubhangi Pradip Patil Ayurvedic  
Medical college, Korochi - Ichalkaranji  
CARE HOSPITAL



Signed before me,

Sou. Madhuri Shrikant Kajave  
Advocate & NOTARY,  
16/1154, ICHALKARANJI.



Notarial Reg. No. 6011  
20/1/2024

There are Nil correction  
in this document

W.T. C. MAHARASHTRA  
Kajave Dist.  
Regd. No. 327  
EXP. 12/2025

सिवाय विभाग  
INCOME TAX DEPARTMENT

भारत सरकार  
GOVT. OF INDIA

NOT A  
MAHARASHTRA



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