

14027

भारतीय गैर न्यायिक

एक सौ रुपये

Rs. 100

रु. 100

ONE  
HUNDRED RUPEES

सत्यमेव जयते

भारत INDIA  
INDIA NON JUDICIAL

महाराष्ट्र MAHARASHTRA

2025

54AB 215548

जोडपत्र २ प्रतिज्ञाव्यतिरिक्त :-

दस्ताचा प्रकार :- शैक्षणिक कामी.	अनुच्छेद क्रमांक :-
दस्त नोंदणी करणार आहात का ?	दु.नि.कार्यालयाचे नांव :-
मिळकतीचे वर्णन :-	
मांबदला रक्कम :-	
मुद्रांक घेणाऱ्याचे नांव :- श्री भैरवनाथ शिक्षण व सेवा भावी संस्था कोरोची-इचलकरंजी करीता अध्यक्षा-डॉ.शुभांगी प्रदिप पाटील, रा.वडगांव.	
हस्ते असल्यास त्याचे नांव/पत्ता :- श्री. हस्ते श्री.संतोष आप्पा पाटील, इचलकरंजी.	
दुसरा पक्षकार :-	
मुद्रांक शुल्क एकूण रक्कम रूपये कितीचे किती स्टॅम्प :- 900 X 80 + 500 X 0 = 8000/-	
मुद्रांक विक्री गोंदवही अनुक्रमांक :- 98,026.	दिनांक :- १६.०३.२०२६.
मुद्रांक विकत घेणाऱ्याची सही- Shree Bhairavnath Shikshan Va Seva Bhavi Sanstha Korochi-Ichalkaranji	-/सही -मुद्रांक विकत्याची-
मुद्रांक विक्रेता-श्री.दिगंबर गोपाळ मंचेकर, मो.नंबर-९२७००९१६०५.	
मुद्रांक विक्री परवाना क्रमांक:- २५/३०.३.२००३, लायसन कोड नं.२६१९०१९.पत्ता-नारायण टॉकीज जवळ, इचलकरंजी	
या कारणासाठी ज्यांनी मुद्रांक खरेदी केला त्यांनी त्याच कारणासाठी मुद्रांक खरेदी केल्यापासून ६ महिन्यात वापरणे बंधनकारक आहे.	

Sub Treasury  
Office Ichalkaranji

4 MAR 2028

Sub Treasury Officer  
Ichalkaranji

## DECLARATION

(To be prepared on stamp Paper Rs. 100)

I, the Dean/Director/ Principal of the **Dr. Shubhangi Pradip Patil Ayurvedic Medical 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- IV** are not working in / at any other College /Institute or presented themselves at any inspection for the Academic Year 2026- 2027 , as per my knowledge and information provided by the concerned teachers. The teachers in the **Annexure- IV** 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- IV** 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 March 2026 at Korochi.

Date : 20.03.2026

Place : Korochi



  
Signature of Dean/Principal  
**PRINCIPAL**  
Name of the Signatory  
**Dr. Shubhangi Pradip Patil Ayurvedic**  
**Medical college, Korochi - Ichalkaranji**  
**CARE HOSPITAL**  
(with seal of the College / Institution)

Signature of Member

Signature of Member

Signature of Chairman