

## DECLARATION

भेषाक रहायर

R.S.BHQYAR Dist. Amravati Maharashtra egd.No.- 5678 Expiry Dt. on QE331212 18 1091 GOODGUS

मुद्रांक विक्रेता, ला.क.१/९/ कोर्ट, प्रमरावती ICE OF

FEB 2075

I, the Principal of the Dr. Rajendra Gode Institute of Nursing, Amravati 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- VII & XIII (A) 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- VII & XIII (A) 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 & XIII (A) are K S. BHDYAR racticing in College working hours or out-side the City where the College MOTARY AD JOCATE Stitute is situated. Reg. No. 15878 07/62/2025

## ATTESTED THE SIGNATURE OF THE EXECUTANT AND NOT RESPONSIBLE FOR THE CONTENTS



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.

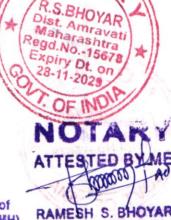
This declaration is voluntarily signed by me on 07 day of February 2025 at Dr. Rajendra Gode Institute of Nursing, Amravati.

**Date** : 07/02/2025 **Place**: DRGION, Amt



Signature of Principal :

Principal Dr. Rajendra Gods Institute of Nursing, Amravati-444692 (MH)



Amravati (M.S.) India

01/02

1567

Reg No. 19640



Name of the Signatory : Ms. Vidya O. Samudre Date : 07/02/2025

