

FOR FELLOWSHIP/ CERTIFICATE COURSE(S) FOR A. Y. 2024 - 2025

NOT APPLICABLE



Signature of Principal with Seal

Dr. Mrs. Chetana S. Goriwale
Principal
Dapoli Homoeopathic Medical College
Tal. Dapoli, Dist. Ratnagiri.



Professional Teaching Experience Certificate for
Fellowship/ Certificate Courses Director/ Mentor

NOT APPLICABLE

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Signature of Principal with Seal



Dr. Mrs. Chetana S. Goriwale
Principal
Dapoli Homoeopathic Medical College
Tal. Dapoli, Dist. Ratnagiri.



महाराष्ट्र MAHARASHTRA

2022

22 NOV 2023

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फक्त	बैंकिंग डेपॉजिट	024775	6 DEC 2023
मुद्रांक	विक्री नॉट वही अनु-क्रमांक / दिनांक	अनु-क्रमांक	दिनांक
मुद्रांक	विकत घेणा-याचे नाव पत्ता व सही	Dr. Mrs. Chetana S. Goriwale Principal Dapoli Homoeopathic Medical College Tal. Dapoli, Dist. Ratnagiri.	
परवानाधारक मुद्रांक	विक्रेत्यांची सही, परवाना क्रमांक	सुनंदा अनंतराव कदम	
तसेच मुद्रांक विक्रीचे ठिकाण / पत्ता-		परवाना नं. क्र. ४/९९ ठिकाण घर नं. २९/३(२) पोस्टगल्ली दापोली ता. दापोली जि. रत्नागिरी	
उप्युक्त कारणासाठी ज्यांनी मुद्रांक खरेदी केला त्यांनी त्याच कारणासाठी मुद्रांक खरेदी केल्यापासून ६ महिन्यात वापरणे बंधनकारक आहे.			



उप घोषणारि
अधिकारी
दापोली

DECLARATION

I, Dr. Mrs. Chetana Sunil Goriwale, the Principal of the Dapoli Homoeopathic Medical College & Hospital solemnly states of 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- VI 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 teachers in the Annexure- VI 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 are not practicing in College working hours or out-side the City where the College /Institute is situated.

I 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 Thursday day of 06th Dec 2023 at 11 am

Date : 06/12/2023

Place : Apti

Signature of Principal
Name of the Signatory
(with Seal of the College / Institute)