



MAHARASHTRA

2024

3 JAN 2025

05AB 714324

क्रमांक - - 4125

विकीबाबतची नोंद घरी अनु क्रमांक / दिनांक

रु० 30010000

विकस वसाव्याचे नाव व रहिवासी पत्ता

सुनील बाबाजी गोरिवाले
दफ. वसाव्याचे नाव



[Signature]
Dapoli Homoeopathic
Medical College
At Apti, Po. Talsure
Tal. Dapoli, Dist. Ratnagiri

[Signature]
दपोली इ.पो. तालसुरा
जिल्हा रातनागिरी
परवाना क्र. 05AB 714324

उप वकीलगार
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

[Signature]
Dr. Mrs. C.S. Goriwale
PRINCIPAL
Dapoli Homoeopathic Medical College
At Apti, Po. Talsure, Tal. Dapoli, Dist. Ratnagiri.

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 (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- VI (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- VI (a) are not practicing in College working hours or out-side the City where the College /Institute is situated.

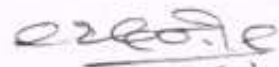
I further hereby declare that every information or contents in this Inspection Format is based on the information provided by the concerned teachers and endorsed by me after due verification and the same is/are absolutely true and correct. If at any stage it is revealed that any information or content 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 Monday day of 03rd Feb 2025 at 11 am

Date : 03/02/2025

Place : Aпти





Signature of Principal

Name of the Signatory

(with Seal of the College / Institute)

Dr. Mrs. C.S. Govindarao

PRINCIPAL

Dapoli Homoeopathic Medical College

At Andhra Pradesh, Rajahmundry, Andhra Pradesh