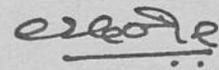


Vidya Vaibhav Shikshan Mandal's  
Dapoli Homoeopathic Medical College & Hospital  
At. Aпти, Post. Talsure. Tal. Dapoli, Dist. Ratnagiri

## Annexure – XIII

Declaration by the Dean / Principal of the  
College



(Dr. Mrs. C. S. Goriwale)  
Senate Member MUHS, Nashik

**PRINCIPAL**  
**Dapoli Homoeopathic Medical College**  
**At Aпти, Po. Talsure, Tal. Dapoli, Dist. Ratnagiri.**



महाराष्ट्र MAHARASHTRA

2024

10 FEB 2026

CZ 865654



व्यक्ति/व्यक्तियों का नाम/दिनांक

361 1st March

पता/पते

चेतना सुनील गोरिवाले

दफ्तर, धेगाव्याची रोड

उप कोषागार  
आधिकारी  
दापोली

*(Signature)*

सामी हुमीद देशमुख  
फॅमिली माडर क्वार्टर  
परवाना क्रमांक 9 2006

### DECLARATION

I, Dr. Mrs. Chetana Sunil Goriwale, the Principal of the Dapoli

*(Signature)*

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

Homoeopathic Medical College & Hospital 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- VI (a)** 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- 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 content 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.

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

This declaration is voluntarily signed by me on Thursday day  
of 19<sup>th</sup> Feb 2026 at 11 am

**Date :** 19/02/2026

**Place :** Apti



*Dr. Mrs. Chetana S. Goriwale*

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

**Signature of Principal**

**Name of the Signatory**

**(with Seal of the College / Institute)**