



महाराष्ट्र MAHARASHTRA

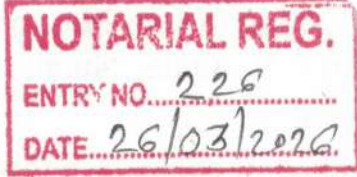
2025

NAGPUR TREASURY

DS 689997

06 MAR 2026

Stamp Head Clerk / Clerk



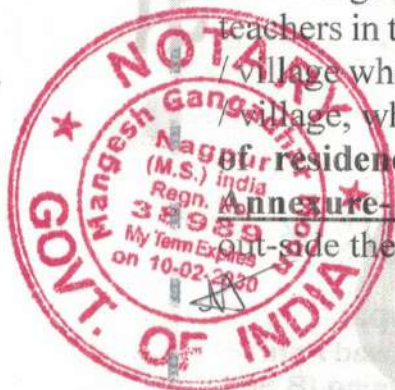
ANNEXURE-XVI

### DECLARATION

(To be prepared on a Stamp Paper of Rs.500 Duly Notarized)

I, the Dean / Director/ Principal of the **Indutai Gaikwa-Patil College of Nursing 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 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 teacher's 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 **2026-2027** 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 not practicing in College working hours or out-side the City where the College /Institute is situated.



१) दस्तावेजाचे अंकीय क्रमांक	१९९३६/१०३/२०२६
२) दस्तावेजाचा प्रकार	मसुदा
३) दस्ताने नोंदणी करणारा आहेत का ?	होय/नाही
४) मिळकतीची सीट/खेतीचा क्रमांक	१/१०१८
५) मुद्रांक विक्रीचा वेळ	५००/-
६) हस्तान्तरण कर	
७) दुसऱ्या पक्षकाराचे नाव	
८) मुद्रांक शुल्क रक्कम	५००/-

**विजय खोकले**  
मुद्रांक विक्रेता, ला. क्र १७/८६ कोड क्र. ४६०४ ०६  
जिल्हाधिकारी परिसर, त. कार्यालय, नागपूर ( )

ज्या कारणासाठी त्यांनी मुद्रांक खरेदी केला त्याची त्याच कारणासाठी मुद्रांक खरेदी केल्यापासून ६ महिन्यांचा काळजी बंधनकारक आहे.

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 Wednesday 18/03/2026

Date : 18/03/2026

Place: Nagpur

**ATTESTED**

*(Signature)*

**Mangesh Gangadhar Moon**  
Advocate & Notary  
Suraj Nagar, Ward No.6,  
Raipur Hingna, Th. Hingna,  
Nagpur, Maharashtra.

Signature of  
Dean/Principal  
Name of the  
Signatory-  
(With Seal of the  
College/Institute)



Date: 18/03/2026

**Principal**  
**Indutai Gaikwad Patil**  
**College of Nursing (B.Sc)**  
**Dongargaon, Nagpur**

