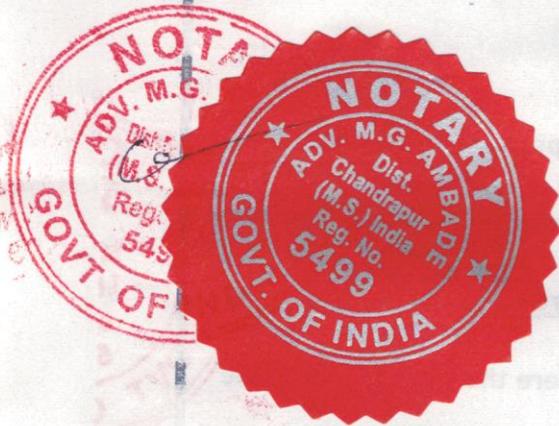




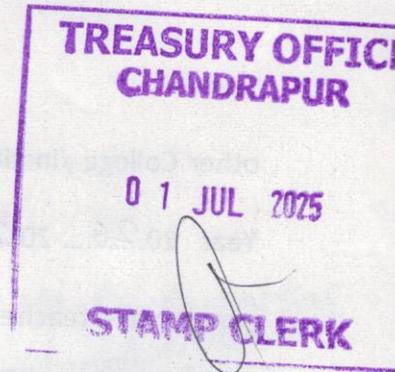
महाराष्ट्र MAHARASHTRA

2024

CU 631964



NOTARIAL REGISTRAR  
ENTRY NO. 1394  
DATE 10/2/2025



DECLARATION

I, the Director of the Somaya Institute of Nursing, Bhadrawadi Dist-Chan  
-44290  
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 teachers information  
attached in respective Annexure- VI, VII & XIII-A, XIII-B are not working in / at any

जाडपत्र - ३

दस्तावा प्रकार/अनुच्छेद क्रमांक

दस्त नोंदणी करणार जाहेत का ?

नोंदणी होंपार असल्यास

दुय्यम निर्बंधक कार्यालयाचे नांव

मिळकतीचे वर्णन

मोबदला रक्कम

मुद्रांक विकत घेणाऱ्यांचे नाव

दुसऱ्या पक्षकाराचे नांव

हस्ते असल्यास त्यांचे नांव व पत्ता

मुद्रांक शुल्क रक्कम

मुद्रांक विक्री नोंद वही अनु. क्र.

मुद्रांक विकत घेणाऱ्यांची संख्या

मनिष अरुण देशमुख, सत्यम विक्रेता, चंद्रपूर

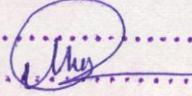
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कार्यालयीन कार्याकरिता

महाराष्ट्र शिक्षण प्रसारक मंडळ, चंद्रपूर

अध्यक्ष - पा. यश. आंबेकर

रु. ५००  
७७०९ दि. ०८/०७/२०२५



other College /Institute or presented themselves at any inspection for the Academic Year 20.26.....-20.27..., as per my knowledge and information provided by the concerned teachers. The teachers in the Annexure- V, VII..... & VIII-A, VIII-B 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- V, VII... & VIII-A, VIII-B are not practicing in College working hours or out-side the City where the College /Institute is situated.

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 20<sup>th</sup> day of Feb 2026 at Bhadrawati Dist Chandrapur

Date: 20/02/2026

Place: Bhadrawati

Signature of

Dean/Principal

Name of the - Mr. P.S. Ambatkar.

Signatory - [Signature]

President / Secretary

Maharashtra Shikshan Prasarak Mandal  
(With Seal of the College/Institute)

Date: 20/02/2026



**SIGNED BEFORE ME**

[Signature]  
Mrs. M. G. Ambade, Advocate  
NOTARY (Govt. of India) Chandrapur

