



DECLARATION

I, the Principal of the Nazarene Nurses Training College, Washim 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 & VII are not working in at any other College /Institute or presented themselves at any inspection for the Academic Year 2022 as per my knowledge and information provided by the concerned teachers. The teachers in the Annexure-VI & VII 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 /

Notary, Govt. of India Washim Disit.Read.No.11122 भद्रायः विक्री नोंदबही अ. क्र. दरताचा प्रकार दस्त नोंदणी करणार काब ? विख्यातीचे थोडक्यात वर्णन

हुत्त असत्यात त्याच नांव बत्ता व सही दुसऱ्या पक्षकाराचे तांव बुद्रांक शुल्क रयका।:-400/-वस्वाना शास्य बुद्रात विकारवाची सही व वस्वाना क्रमांक तमे परांध तिकीचे तिकानः ज्या कारणासाठी ज्यानी नुदांक बरेदी कला त्यांना . यह कारणासाठी मुद्रांक खरेदी केत्सा पासुन ६ पहीन्यात दायको तंधनकारक आहे.



village. The teachers in the Annexure- VI & VII are not practicing in College working hours or out-side the City where the College /Institute is situated.

I am 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 03rd day of February, 2024 at Washim.

Date: 03/02/2024

Place: Washim

Executant(s)

PRINCIPAL

Nazarene Nurses Training College Reynolds Memorial Hospital Washim 444505 (M. S.)

Signature of Dean/Principal

Not Prepared Reviwed or Advised Upon on legality or any other

Notary, Govt. of India Washim Distt.Regd.No.11122

DI. 02 02, 5058



भारत सरकार Government of India



रूत राज् आल्लाडा Ruth Raju Allada जन्म तारीख (DOB | 22/10/1968 F前 / Female



4041 1188 0973

आधार - सामान्य माणसाचा अधिकार





वशिष्ट ओळख प्राधिकरण Unique Identification Authority of India

पत्ता महाकाली मंदिर जवळ, श्रीराम Address: near mahakali mandir, shirram महाराष्ट्र, 444505

नगर वाशीम, वाशीम, वाशीम, वाशीम, nagar washim, Washim, Washim, Washim, Maharashtra, 444505

4041 1188 0973





