



महाराष्ट्र MAHARASHTRA

2024

26AB 616738



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 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-VI & VII are not working in 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 & VII are staying in the same city where the College is situated and having the **valid proof of residence** of the said city. The teachers in the Annexure- VI & VII are not practicing in College working hours or out-side the City where the College is situated.

१. मुद्रांक विक्री नोंद वही अ.क्र. व दिनांक :- १३१०२ दिनांक ५/२/२०२५  
 २. दस्ताचा प्रकार :- पुस्तक  
 ३. दस्त नोंदणी करणार आहेत काय होय/ नाही :-  
 ४. मिलाकंतीचे थोडक्यात वर्णन :-  
 ५. मुद्रांक विकत घेणाऱ्याचे नाव, पत्ता व सही :-  
 ६. हस्ते असल्यास त्याचे नाव, पत्ता व सही :-  
 ७. दुसऱ्या पक्षकाराचे नाव :-  
 ८. मुद्रांक किंमत :- १००  
 ९. परवानाधारक मुद्रांक विक्रेत्याची सही व

क. राहु जाकारा जी

परवाना क्रमांक तसेच मुद्रांक विक्रीचे ठिकाण व पत्ता ज्या कारणासाठी ज्यांनी मुद्रांक खरेदी केला त्यांनी त्याच कामासाठी मुद्रांक खरेदी केल्यापासून ६ महिन्यात वापरणे बंधनकारक आहे.



सुहासि पु. लक्रस  
 मु.वि.वाशीम २२/९८  
 कोड नं ६५०९००९

Infrastructure Required as per MSR and Indian Nursing Council Norms is available and we have own building for Nursing Institute and Required Specified Constructed Area as per Norms Laid by Authorities for College and Hostel as per Intake capacity and further No Other Nursing Colieges Running in Same campus or in Same Building

I am further hereby declaring that every information or contents in this Inspection Form is based on the information provided by the concerned teachers and endorsed by me after due verification and the same 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 legal action or Affiliation of the College shall be withdrawal, as the case may be.

This declaration is voluntarily signed by me on 5<sup>th</sup> day of February 2025 at 4 pm.

Date : 05/02/2025

Place: Washim.

**Executant(s)**

Signature of Dean/Principal Name Mrs. Ruth Raju Alla  
 of the Signatory-

(With Seal of the College/Institute)

Date: 05/02/25 PRINCIPAL

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

**Attested**

Rajendra P Aru

Notary, Govt. of India

Washim Distt. Regd. No 11122



Witness us to Signature of Executant(s) only, Document(s), Not Prepared, Revied or Advisec Jpon on legality or any other.

**Before Me**  
 Rajendra P Aru  
 Notary, Govt. of India  
 Washim Distt. Regd. No. 11122