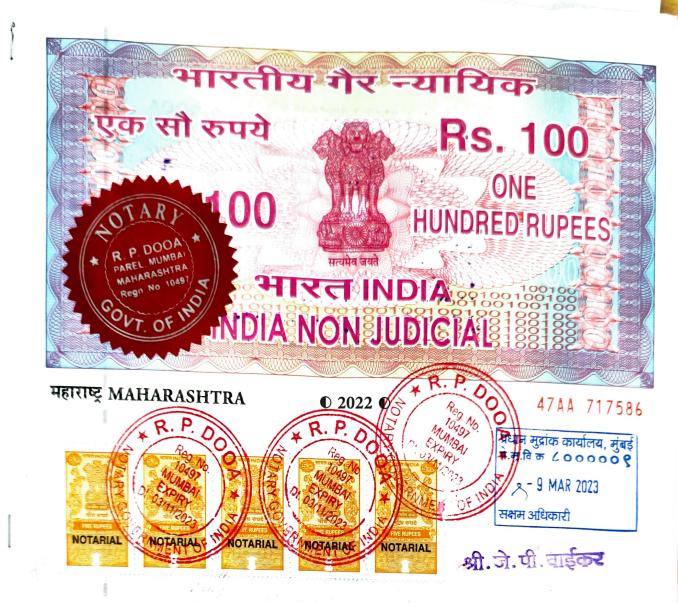


ANNEXURE - XVII

DECLARATION

I, the Dean / Director / Principal of the O.T. School & Center, Seth G.S.Medical College and K.E.M. hospital / Institute solemnly stated on affirmation, that the information provided by me in Inspection Format as well as uploaded on College Website alongwith 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 teachers information attached in respective Annexure-V.III & X.I.V are not working in / at any other college/ Institute or presented themselves at any inspection for the Academic Year 20.2.2. — 20.2.3 as per my Knowledge and information provided by the concerned teachers. The teachers in the Annexure-.......... & 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-VIII & X.I.V are not practicing in College working hours or out — side the City where the College/ Institute is situated.



ANNEXURE - XVII

DECLARATION

I, the Dean / Director / Principal of the O.T. School & Center, Seth G.S.Medical College and K.E.M. hospital / Institute solemnly stated on affirmation, that the information provided by me in Inspection Format as well as uploaded on College Website alongwith 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 teachers information attached in respective Annexure-Y.III & X.I.Y are not working in / at any other college/ Institute or presented themselves at any inspection for the Academic Year 20.22. — 20.22 as per my Knowledge and information provided by the concerned teachers. The teachers in the Annexure-X.III. & 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-Y.III.&X.I.Vare not practicing in College working hours or out — side the City where the College/ Institute is situated.

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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 give 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...... Day of20.....at......

Date: 12/3/23

Place: Kulzy

SANGEETA HASMUKH RAVAT

Sulavel

DEAN

Seth G.S.Medical College & K.E.M. Hospital .

SMEDICAL CO SMUMBAI 400012

SETH G. S. MEDICAL COLLEGE Acharya Donde Marg, Parel, Mumbai. Maharashtra Pin Code:- 400012 INDIA.

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Attested by me

RAKESH P. DOUA

Advocate High Court, Notary Gevernment of India 8, Kondaji Bldg. No. 3, Behind Tata Hospital, Parel, MUMBAI-400 012.

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