

नीम.एस.एस चव्हाण

ANNEXURRE-XIV

DECLARATION Physiotherapy Faculty

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I, DR.SANGEETA RAVAT, the Dean/Director/Principal of Physiotherapy School & Center, solemnly the states 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

442 जोडपञ- 9 Annexure - 1 कवर प्रतिलापत्रासाठी Only for Afidavit मुद्रांग विकत घेणांचाचे नाव Do-Sangeeta. Ravat parel-12 मुद्रांक विकत बेगाऱ्याचे सिम्तुः पत्ता _ दिर्नाक मुद्रांक बिक्रिया क्लियोंद यही अलु. क्रमांक - 3 FEB 2025 20 परवानाधारके मुहाँक बिकित्याची सही मुद्रांच जिल्ला बेनाजाची सही परयाना क्रमांक : ८०००००९ मुदांक विकीरे नाव/पताः ज्योती थी. दुआ ६, कोंडाजी बिल्डिंगु जं. २, टाटा हॉस्पिटल, परेल, मुंबई - ४०००१२. शासकीय कार्यालय समोर/न्यायालयासमोर प्रतिज्ञापत्र सादर करणेसीटी भुद्रांक ागदापी आवरयवच्ता माही. (शासन आदेश दि. ०१/०७/२००४) जुसार ्म। कारणासाठी ज्यांमी सुद्रांक खरेदी केला त्यांनी त्याच कारणासाठी सुद्रांक खरेदी केल्यायालून ६ महिन्यात वापरणे बंधनकारक आहे.



respective Annexure- & are not working in/ at any other college/institute or presented themselves at any - 20__, as per my inspection for the Academic year 20____ the concerned information provided by knowledge and teachers. The teachers in the Annexureare & 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 city/town/village. The are not practicing in teachers in the Annexure- & out-side the City where the College working hours or College/ Institute is situated.

I am further hereby declare that every information or the contents in this inspection Format on based is 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 contents given in this declaration is not in such event the undersigned/the and correct, true 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 3^{rd} day of February, 2025 at Mumbai.

Date: 03/02/2025. Place: Mumbai.

Sulavet

Signature of Dean/Principal Name of the Signatory: DR.SANGEETA RAVAT

> Dean, K.E.M.H. & Seth G.S.M.C., Parel, Mumbai - 400 012.

M. A. GAUTAM Regn. No. 6089 B.A.LL& NOTARY GOVT. OF INDIA Rest: Adenwala Compound. R. No. 132 M. J. Marg, Parel Village, Mumbai-400012

BEFORE ME

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