



महाराष्ट्र MAHARASHTRA

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प्रधान मुद्रांक कार्यालय, मुंबई
प.मू. नि.क. ८.०००००९
28 JAN 2026
सक्षम अधिकारी C

डॉ. ए. एस. चव्हाण
ANNEXURE-XIV

DECLARATION

Occupational Therapy Faculty

I, DR. SANGEETA RAVAT, the Dean/Director/Principal of the O.T. School & Center, Seth G.S. Medical College and K.E.M. Hospital/Institute, solemnly 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

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जाडपत्र-9 Annexure - II

फॉर्म प्रविज्ञापत्रासाठी Only for Affidavit

मुद्रांक विफल घेणाऱ्याचे नाव

Dr. Sangeeta Raut
Parcel - 12

मुद्रांक विफल घेणाऱ्याचे रहिवासी पत्ता

मुद्रांक विफलवाचताची शॉद चली अनु. क्रमांक _____ विभांक _____

10 FEB 2026

मुद्रांक विफल घेणाऱ्याची सही

परवानगीवारक मुद्रांक विफलवाचताची सही

परवाना क्रमांक : 60000008

मुद्रांक विफलचे नाव/पत्ता : ज्योती पी. दुधा

६, कोडाजी विल्डिंग नं. ३, वाळू होस्टेल, पो. ३, मुंबई - ४०० २१३.

शासकीय कार्यालयसमोर/न्यायालयसमोर

धोरणानुसार अस्तित्वात राहिले आहे.

ज्या तराज्याची ज्यांनी मुद्रांक अर्देची केल्या त्यांनी त्यांचे नाव सारक्यासाठी सुटकेसाठी
केल्यापासून ६ महिन्यात वापरणे बंधकारक आहे.

10 FEB 2026

REG
MAH
NOTARY

M. P. SODHANTAM
D. No. 2089
Mumbai
GUJARAT
INDIA GOVT. INDIA

information attached in respective Annexure-VIII & X are not working in/ at any other college/institute or presented themselves at any inspection for the Academic year 2026 - 2027, as per my knowledge and information provided by the concerned teachers. The teachers in the Annexure-VIII & X 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 city/town/village. The teachers in the Annexure- VIII & X 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 contents 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 10th day of February, 2026 at Mumbai.

Date: 10/02/2026.
Place: Mumbai.

Signature of Dean/Principal
Name of the Signatory:

DR. SANGEETA RAVDEAN, K.E.M.H. & Seth G.S.I
Parel, Mumbai - 400 012.

