

the valid proof of residence of the said city / town / village. The teachers in the **Annexure-VII&VIII** are not practicing in College working hours or out-side the City where the College/Institute is situated.

I am further hereby declaring that every information or contents in this Inspection Formatis 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 30th January 2025.

Date: 30th January 2025.

Place: Jath.

Signature of Dean/Principal Name of the
Signatory-


Principal
Kamal Institute of Nursing
Education, Jath, Dist-Sangli