





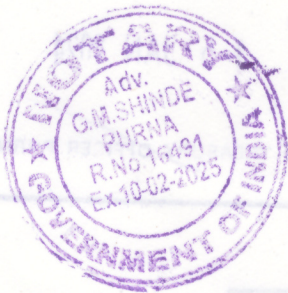
having the valid proof of residence of the said city / town / village. The teachers in the **Annexure - VII & VIII** are not practicing in College working hours or out-side the City where the College /Institute is situated.

I am further hereby 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 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.

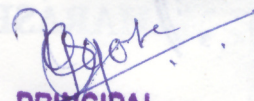
This declaration is voluntarily signed by me on ..... day of ..... 20..... at .....

Date : .....

Place : Purna



NOTARIAL REGISTER  
84 28/01/2021

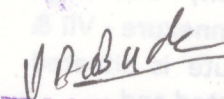
  
**PRINCIPAL**  
Ramrao Patil Ayurved Mahavidyalaya  
Signature of Dean/Principal  
Ragnalaya, Purna (M.) Dist. Parbhani  
Name of the Signatory-  
(with Seal of the College / Institute)

Goward Shandus rangok terough principle  
Purna Purna  
parbhani

I solemnly affirm that this is my name &  
Signature/Mark that are contents of the  
my affidavit are true & correct  
Subscribed on 24/01/2021

**BEFORE ME**

**G.M. SHINDE**  
Advocate & Notary  
(Appointed by Govt. of India)  
PURNA, Dist. Parbhani (M.S.)

  
**IDENTIFIED**

  
**EXECUTANT**