



महाराष्ट्र MAHARASHTRA

2025

54AB 312556

जोडपत्र १ व २ / Annexure-I & II
मुद्रांक विक्री कारण- रकम १००
Reason of sale stamps and Amount
मुद्रांक विक्रेता घेणाराचे नांव व पत्ता- Principal
Stamp Purchasers Name Late Bhaiyyasaheb Ghorpade Institute
हस्ते उपलब्ध असलेल्या मुद्रांकाचे नांव व पत्ता- of Physiotherapy, Malwadi (Masur),
Stamp Purchasers Name Tal. Karad, Dist. Satara. दिवशी जगले
मुद्रांक विक्री नोंदवही नंबर २२२२ दिनांक 30 JAN 2026
Serial No and Date
मुद्रांक विक्रेता घेणाराची सही [Signature]
Stamp Purchasers Sign.
मुद्रांक विक्रेता- जगदीश रामदेव वेल्हाळ [Signature]
पत्तयाना नं. २३०३०४० मु. वि. ठिकाण-मु.नि.कार्या.उंब्राज
मुद्रांक विक्रेत्यांची सही



ज्या कारणासाठी ज्यांनी मुद्रांक खरेदी केला त्यांनी त्याच कारणासाठी मुद्रांक खरेदी केल्यापासून ६ महिन्यात वापरणे बंधनकारक आहे.

ANNEXURE- XIV

DECLARATION

Physiotherapy Faculty

I, the Dean / Director/ Principal of the Late Bhaiyyasaheb Ghorpade Institute of Physiotherapy College / Institute solemnly states on affirmation that the information provided by me in Inspection Format as well as uploaded on College Website along with 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 teacher's information attached in respective Annexure-VII & VIII 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-VII & VIII 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- 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 Monday Day of 02 Feb 2026 at 12:30

Pm

Date: 02/02/2026

Place: Malwadi Masur



Signature of Dean/Principal

Name of the Signatory- *Dr. Mohit Kumar*

(With Seal of the College / Institute)