

**ANNEXURE**

**XIV**

**DECLARATION**

**BY PRINCIPAL**



महाराष्ट्र MAHARASHTRA

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2874 13 JAN 2026

अनु.क्र. .... दि. .... मु.शु.रकम .....

दस्ताचा प्रकार... *Joint declaration*  
दस्त नोंदणी करणार आहेत का? होय / नाही. (Joint declaration)

निष्कर्षीचे नाव... *Madhuri Shelke*

मुद्रांक विकत घेणाऱ्याचे नाव... *Institute of Nursing*  
पत्ता... *Education Tilak Mahara*

दुसऱ्या पक्षाच्या नावाचे नाव... *Widyapeeth trust*

हस्ताक्षर करणारे नाव व पत्ता... *Pune*

सौ. दिप्ता शुद्धेश्वर लमाले

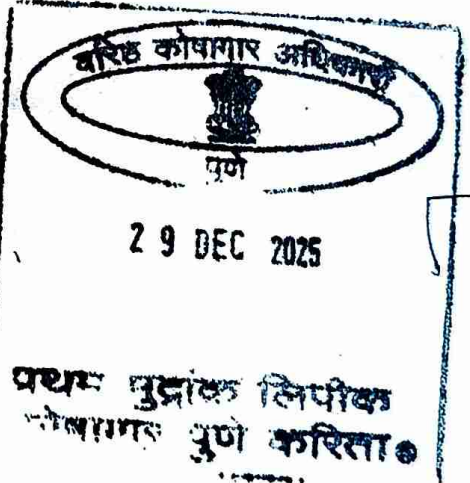
परवाना क्र. २२०१०१९

मुद्रांक विकत घेणाऱ्याची सही

१८/१४२, लक्ष्मीनगर, पुणे-१

त्या कारणासाठी ज्यांनी मुद्रांक खरेदी केला त्यांनी त्यांचा संपूर्ण संपर्क...

मुद्रांक खरेदी करताना त्यांनी नोंदणी करणे व नोंदणी करताना नोंदणी करणे...



प्रथम मुद्रांक लिपीक  
नोंदणी करणे करिता

ANNEXURE- XVI

**DECLARATION**

I, the Dean / Director/ Principal Institute of Nursing Education and Research , Tilak Maharashtra Vidyapeeth, trust ,Pune 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 Annexure 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 respective Annexure-I, VI, VII & XIII 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 & XIII 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 <sup>4<sup>th</sup></sup> day of Wednesday, 2026 at 10 am.

Date : 4/3/2026

Place : Pune



  
Signature of Dean/Principal

Name of the Signatory-

(With Seal of the College / Institute)  
Principal

Institute of Nursing  
Education & Research  
Tilak Maharashtra Vidyapeeth Trust  
Gultekdi, Pune-Pune-411037.