

I, <u>Dr. Komalkumar R. Dakaliya</u> Principal of the <u>Shri Prakashchand Jain Ayurvedic</u>

<u>Medical College, Hospital & Reseearch, Palaskhede Bk</u> 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 teacher's information attached in respective <u>Annexure- VII & VIII</u> are not working in / at any other College /Institute or presented themselves at any inspection for the Academic Year 2024 - 2025 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

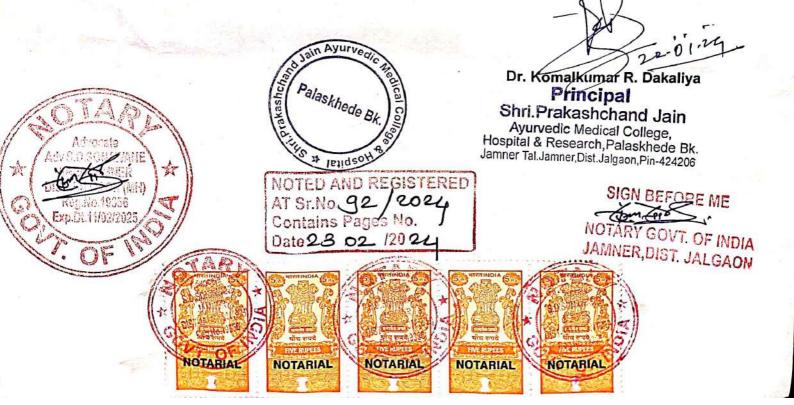
or adjacent to the city / town / village, where the College/Institute is situated and having the valid proof of residence of the said city / town / village. The teachers in the **Annexure-VII**8. VIII are not practicing in College working hours or out-side the City where the College /Institute is situated.

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 asthe 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 22/01/2024 at 10:00 am

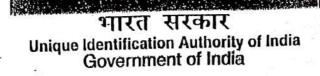
Date: 22/01/2024

Place: Palaskhede BK, Jamner









नौंदणी क्रमांन/Enrolment No.: 2006/00348/00411

Konnakumar Ronklas Dakaliya (चोमलनुमार राजिदास अनतीया) pkit no. 16 , ranu nivas, jilha petti onkar nagar

Jakgaon Jakgaon Maharashtra - 425001



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आपला आधार क्रमांक / Your Aadhaar No. :

7486 3330 5399

आधार - सामान्य माणसाचा अधिकार



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कोगलकुगार संगिदास डाकलीया Komalkumar Ranidas Dakaliya जन्म वर्ष / Year of Birth : 1980





आधार – सामान्य माणसाचा अधिकार र तेकर्प के रिकार