



महाराष्ट्र MAHARASHTRA

2024

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दिनांक प्रमाणपत्र देणाऱ्याचे नाव व पत्ता
प्रमाणपत्र देणाऱ्याची पत्ता
मुद्रांक दिवशी वास्तवी नोंदवली क्र. 107609 दि. 31-1-2025
मुद्रांक शुल्क रक्कम 100
मुद्रांक विकत घेणाऱ्याचे नाव व रहिवाशी पत्ता लिवराज लोकर



दि. एम. केकर
प.क्र. 3701028 लहरीय तपोर, लतूर
महाराष्ट्र इन्स्टीट्यूट ऑफ फिजिओथेरेपी लोकर

ANNEXURE- XIV

DECLARATION

I, the Dean / Director/ Principal of the Maharashtra Institute of Physiotherapy, Latur 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 teachers information attached in respective **Annexure- VIII & X** are not working in / at any other College /Institute or presented themselves at any inspection for the Academic Year **2025-2026**, as per my knowledge and information provided by the concerned teachers. The teachers in the **Annexure-VIII & X** 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- VIII & X** 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 of20..... at **Latur**

Date :

Place : LATUR



Signature of Dean/Principal

Name of the Signatory- **Dr. Subhash Khatri**
(with Seal of the College / Institute)