



महाराष्ट्र MAHARASHTRA

2023

72AA 374625

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संख्या रुपये .....  
उरमानाबाद अ.कं. 30303 दिनांक 13-2-24  
श्री. Wellness College of Physiotherapy

हस्ताक्षर ..... Anant Shrikishan Belmile Amant

बांना जेवढा संख्या मागितलेवस्तु हा संख्या दिला.

मुद्रांक खेरीदीचे कारण.....

क. राजश्री दि. कलकर्णी  
महाराष्ट्र राज्य सरकार, उरमानाबाद  
संख्या नं. 3404096



ANNEXURE-XVII

**DECLARATION**

(To be prepared on a Stamp Paper Rs. 100)

I, the Dean/Director/Principal of the Wellness College Of Physiotherapy, Aurangabad Road, NH - 52, Dr. V. K. Patil Educational Campus, Gadpati, Osmanabad (Dharashiv) 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.

NOTARY  
GOVT. OF INDIA  
Adv. SURESH U. ...  
st. Osmanabad (Dharashiv)  
Cell No. 9831950078

13 FEB 2024

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 2023 – 2024, 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 outside the City where the College/Institute is situated.

I am further hereby declare that every information or contents in this Inspection Form 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 Colleges shall be withdrawal, as the case may be.

This declaration is voluntarily signed by me on 14 day of July 2023 at Osmanabad (Dharashiv)

Date: 14/07/2023

Place: Osmanabad ( Dharashiv)



  
Principal  
Wellness College of Physiotherapy  
Aurangabad Road, Osmanabad

Name of the Signatory – Dr. VIJAYARAJ V

(with Seal of the College)

  
Before Me  
NOTARY  
GOVT. OF INDIA  
Adv. SURESH U. MULE  
Dist. Osmanabad (Maha.)  
Cell No. 9881039073

13 FEB 2024

ANNEXURE-XVII

DECLARATION