



महाराष्ट्र MAHARASHTRA

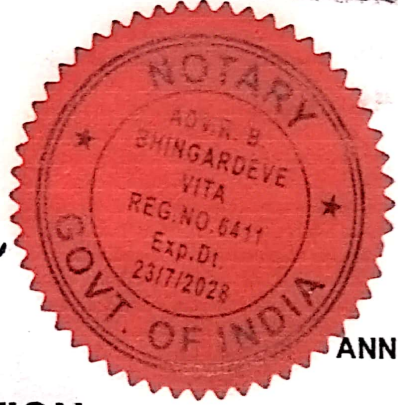
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CL 895340

आवक... २२९९... दिनांक... ०३/०३/२०२५... पु.क.
मुद्रांक कोणस्थान कोणस्थानटी वपरावयाचा आहे... श्री. शोभा बाबर
मुद्रांक कोणस्थान अधिनियम १९५८ च्या अनुच्छेद ८८
मुद्रांक व... जीवनप्रबोधिनी, विदा...
संपूर्ण पत्ता... ता. खानापूर, जि. सांगली...
हस्ताक्षर... महेश भगवान काबड
संपूर्ण पत्ता... रा. गाडी

13 FEB 2025
Sub Treasury Officer,
Khanapur, Vita

Signature
(मौ. नगरा लावली किम)
मुद्रांक धारकाची हस्ताक्षरे...



ANNEXURE-XVI

DECLARATION

I, the Principal of the Shobha Babar Institute Of Nursing, Gardi, Tal – Khanapur, Dist – Sangli 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

3 MAR 2025

to my knowledge & Belief. 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- VI & VII** 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- VI & VII** 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- VI & VII** are not practicing in College working hours or out-side the City where the College /Institute is situated.

Infrastructure Required as per MSR and Indian Nursing Council Norms is available and we have own building for Nursing Institute or Required Specified Constructed Area as per Norms Laid by Authorities for College and Hostel as per Intake capacity and further No Other Nursing Colleges Running in Same campus or In Same Building

I am further hereby declaring 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.....

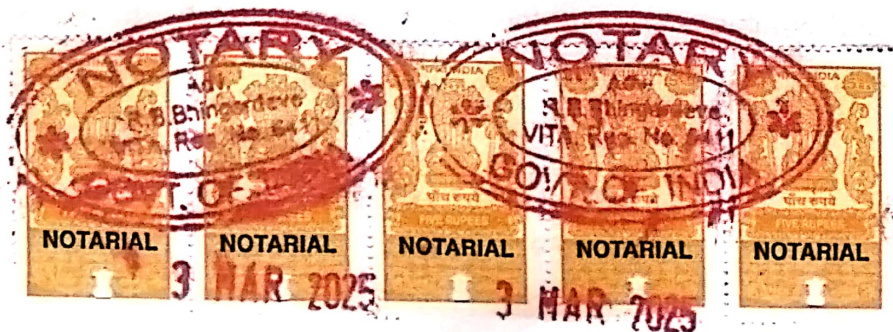
Date : **3 MAR 2025**

Place:.....



Signature of Dean/Principal Name
of the Signatory

(With Seal of the College/Institute)
Shobha Babar Institute of Nursing
Gardi, Tal. Khanapur, Dist. Sangli



BEFORE ME

[Signature]
Adv. R. B. BHINGARDEV
ADVOCATE & NOTARY
GOVT. OF INDIA REG. NO. 6411
"KALAKUNJ" Old Vasumbe Rd.,
Yashwantrao Nagar, W-415311 (M.S.)
Noted & Registered
Serial Numbers 602
2025

