

महाराष्ट्र MAHARASHTRA

2025

DT 204705

अनुक्रमांक ३९२५ दिनांक ९/३/२०२६ रुपये ५००/-

मुद्रांक कोणत्या कारणासाठी वापरावयाचा शैक्षणिक कार्य

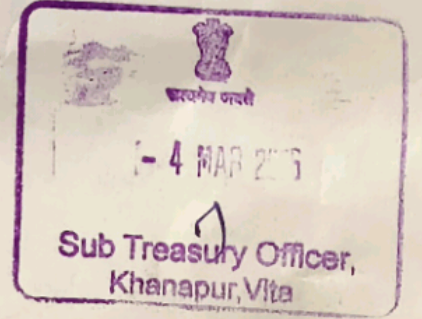
मुंबई मुद्रांक अधिनियम १५८ अनुच्छेद क्र.

मुद्रांक वापरणाऱ्याचे संपूर्ण नाव

संपूर्ण पत्ता

हस्ते घेणाऱ्याचे नाव किशोर महिंदर आथवळे

संपूर्ण पत्ता रा. गाडी



श्री. यशवंत गोविंद सुर्यवंशी

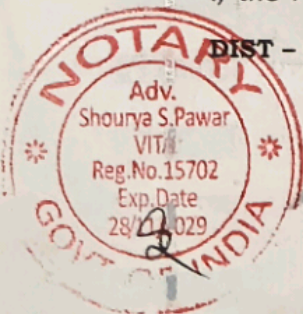
अधिकृत परवानाधारक मुद्रांक विक्रेता, वित्त
ANNEXURE-XVI
परवाना नं. ३/१९९९ नवीन नं. २४०५०२९

9 MAR 2026

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

CONT PAGE NO.....2....



by me in Inspection Format as well as uploaded on College Website along with all Annexure is true and correct 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 2026 - 2027, 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.

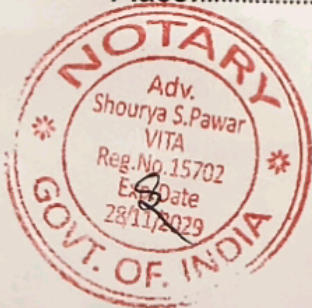
Infrastructure Required as per MSR and Indian Nursing Council Norms is available and we have own building for Nursing Institute or Required Specified Constructed Area as per Norms Laid by Authorities for College and Hostel as per Intake capacity and further No Other Nursing Colleges Running in Same campus 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 of **9 MAR 2026** at.....

Date: 21/02/2026

Place:.....



9 MAR 2026

Signature of Principal

Name of the Signatory- **Dr. Asif Iqbal Savanur**
Principal

Date: **Shobha Babar Institute of Nursing**
Gardi, Tal. Khanapur, Dist. Sangli

BEFORE ME

Mrs. Shourya Suresh Pawar
Advocate & NOTARY
GOVT. OF INDIA, REG. NO. 15702
'GOURAV', Lengare Road,
Ashvant Nagar VITA 415 31
Tal Khanapur Dist Sangli



Noted & Registered
Serial Numbers **627/2026**