

and information provided by the concerned teachers. The teachers in the **Annexure- I, II, III, IV V, 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- I & III** are not practicing in College working hours or out-side the City where the College /Institute is situated.

We 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 15th day of 02/2025 at 2:00 pm

Date : 15.02.2025
Place : Latur

Signature of Dean/Principal
Name of the Signatory- Dr. N.P. Jamadar,
MIMSR Medical College, Latur.
(with Seal of the College / Institute)

DEAN
M.I.M.S.R. Medical College
LATUR-413531



18 FEB 2025
BEFORE ME

Adv P B Sitapure
Adv & Notary Govt. Of India
Latur Dist. Latur
Mob. 9422658051

Reg. Sr. No. 217/2025