



महाराष्ट्र MAHARASHTRA

2023

89AA 627267

प्रधान मुद्रांक कार्यालय, मुंबई
प.मु.वि.क्र. ८०००००६
30 JAN 2024
सक्षम अधिकारी

DECLARATION

I, Dr.(Mrs.)Suchita Shailesh Sawant, Principal of Bombay Hospital College of Nursing of Bombay Hospital Trust, 12 ,New Marine Lines, Mumbai-400020, solemnly states on affirmation, that the information provided by me in inspection Form 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 be 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 2024-25, 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.

P.T.O.

फक्त प्रतिज्ञापनासाठी Only for Affidavit

मुद्रांक विकत घेणाऱ्याचे नाव Dr. Suchita S. Sawant

मुद्रांक विकत घेणाऱ्याचे रहिवासी पत्ता M20

मुद्रांक विक्रीचा पत्र नोंद वही अनु. क्रमांक _____ दिनांक _____

मुद्रांक विकत घेणाऱ्याची सही परवानाधारक मुद्रांक विक्रीत्याची सही

परवाना क्रमांक : ८०,००००६

मुद्रांक विक्रीचे ठिकाण/पत्ता : प्रविण एल. चव्हाण

१/२७२, नेविल विल्किन्स सेंटर, लकी हाउस, एस.बी.एस. मार्ग, फोर्ट, मुंबई - ०९.

शासकीय कार्यालयासमोर/न्यायालयासमोर प्रतिज्ञापन सादर करणेसाठी मुद्रांक

सभागिदारी आवश्यकता नाही. (शासन आदेश क्र १७/१९७५) नुसार

प्रसाधनासाठी ज्यांनी मुद्रांक खरेदी केले त्यांनी त्याच कारणासाठी

मुद्रांक खरेदी केल्यापासून ६ महिन्यात वापरणे बंधनकारक आहे.

- 7 FEB 2024

522

I further hereby declare that every information or contents in this Inspection Format is based on the information provided by the concerned teachers and endorses by me after due verification and the same is/are absolutely true and correct. It 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 12th Day of February 2024, at Mumbai.

Date : 16th February 2024

Place : Mumbai



DR. (MRS.) SUCHITA S. SAWANT
PRINCIPAL
Bombay Hospital College of Nursing
Bombay Hospital Trust
12, Marine Lines, Mumbai - 400020.

Signature of Principal

Name of the Signatory- **Dr.(Mrs.)Suchita S.Sawant**

