



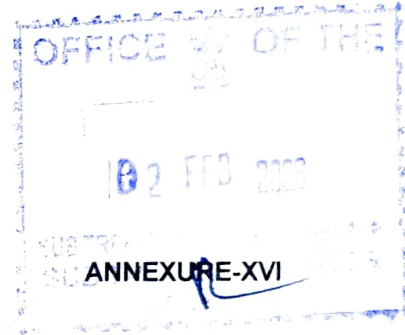
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महाराष्ट्र MAHARASHTRA

22004 991 212E
2025

DP 207998

डी. ओ. नोटरीयल
दुर्गाक शिंदेसा, दयारपुर का, वं,
१८/०१-०२ प्लॉट नं. ६१०५००६

एल. एस. एम. शाहूराय चौधरी
अ. ए. ए. ए.



N.R.S. NO
ON DATED
THIS DOCUMENT
CONTAIN

151/2026
27/08/2026
01 PAGE

DECLARATION

(To be prepared on a Stamp Paper of Rs.500 Duly Notarized)

I, the Dean / Director/ Principal of the Gurukul Nursing Institute, Daryapur 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 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-VII & VIII are not working in / 01at 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- VII & VIII 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- VII & VIII are not practicing in College working hours or out-side the City where the College /Institute is situated.



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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 04 day of February 2026 at 5:00 PM

Date : 04/02/2026

Place: Daryapur



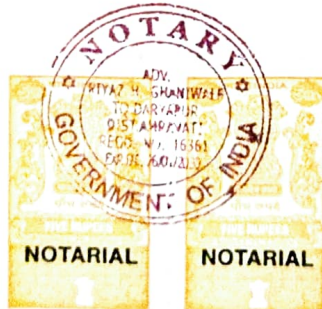
अध्यक्ष उपाध्यक्ष सचिव
गोदावरी चॅरीटेबल ट्रस्ट, ब्लोस,
ता. जर्गाव नि. अमरावती

Name of the Signatory

Ghanshyam Bhaurao Chondke

(With Seal of the College/Institute)

Date: 04/02/2026




ATTESTED BY ME

ADV. RIYAZ H. GHANIWALE
(NOTARY PUBLIC)
REGD. NO. 16361
DARYAPUR, DIST. AMRAVATI

भारत सरकार
GOVERNMENT OF INDIA

गणेश्याम भाऊराव चोंडके
Ghanshyam Bhaurao Chondake

जन्म वर्ष / Year of Birth : 1975
पुरुष / Male



4356 0341 1813

आधार - सामान्य माणसाचा अधिकार

भारतीय विशिष्ट ओळख प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पत्ता: S/O: भाऊराव चोंडके, नगर परिषद
गार्डन, गांधी नगर, बनोसा, अमरावती,
दर्यापूर, महाराष्ट्र. 444803

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