



जिल्हा कार्यालय  
महाराष्ट्र MAHARASHTRA  
- 3 OCT 2023  
मुद्रांक प्रमुख लिपीक  
व.को.अ. छत्रपती संभाजीनगर

2023  
अ.क्र. 7311 किंमत 100 दिनांक. 05 OCT 2023  
हस्ते राधिका रिकी रिकी  
कोणाकरिता केवळ व इतर  
ANNEXURE- XVII

67AA 510460  
KUD



### DECLARATION

(To be prepared on a Stamp Paper Rs.100)

I, the Dean / Director/ Principal of the **Aurangabad College of Physiotherapy, Chhatrapati Sambhajinagar (Aurangabad) College / Institute** solemnly states on affirmation, that the information provided by me in Inspection Format as well as uploaded on College Website alongwith all Annexures is true and correct to the best of my knowledge. 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 / at any other College /Institute or presented themselves at any inspection for the Academic Year 2024-2025, 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.

I am 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 10th day of Feb. 2024 at **Aurangabad College of Physiotherapy, Chhatrapati Sambhajinagar (Aurangabad)**

Date : 10/02/2024

Place : Chhatrapati Sambhajinagar



Signature of Dean/Principal

Name of the Signatory : Dr. Arivoli K.

(with Seal of the College / Institute)

**Principal**

**Aurangabad College of Physiotherapy  
Bhalgaon, Aurangabad**