

महाराष्ट्र MAHARASHTRA

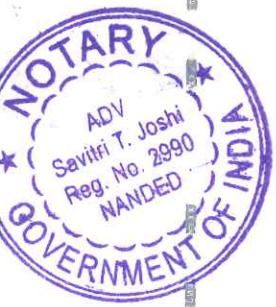
2024

CV 519176

नाडपत्र - 2

6492 दि 31/11/2025

द्वारा विकृत प्रमाणित नाव शिवाजी कृष्णराव गौगमके  
छोणावती शास्त्री पारिचर्या महावि. (कीरखी) गिरि  
ना व सही विष्णुपुरी, 21/11/25  
द्वारा विकृतपायी सही  
प. एम. ऑन यु. डी. विक्रेता नांदेड  
पत्र क्र. 34010000



### DECLARATION

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

I, the Dean / Director/ Principal of the *Government College of Nursing, Dr. Shankarrao Chavan Government Medical College and Hospital, Vishnupuri, Nanded* 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- *VI & VII* are not working in / at any other College /Institute or presented themselves at any inspection for the Academic Year 2025 - 2026, 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 31 day of 2025 at

Nanded

Date : 31./01/2025

Place:- Nanded



*Balaji*

**PRINCIPAL**

Signature of Dean/Principal  
Mr. Balaji Bhanudarrao  
Govt. College of Nursing  
Nanded, C. G. M. C. H.  
Nangrale VISHNUPURI NANDED

(With Seal of the  
College/Institute)

Date: 31.01.2025



1 FEB 2025

**"BEFORE ME"**

**SAVITRI T. JOSHI**  
Advocate & Notary  
Government of India  
CELL 9421761898

