

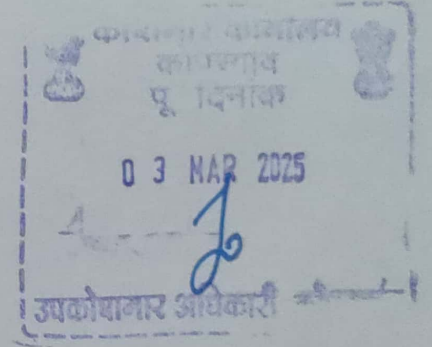


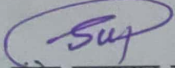
महाराष्ट्र MAHARASHTRA

2024

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अ. क. , दस्ताचा प्रकार :- संस्थेकामी,  
दस्त नोंदणी करणार आहेत का :- होय/नाही,  
नोंदणी होणार असल्यास दुय्यम निबंधक कार्यालयाचे नांव :-  
मिळकतीचे वर्णन :-  
मोबदला रक्कम रू. :-  
मुद्रांक विकत घेणाऱ्याचे नांव :- राष्ट्रसंत जनार्दन स्वामी फाउंडेशन कोकमठाण,  
दुसऱ्या पक्षकाराचे नांव :-  
हस्ते असल्यास त्याचे नांव व पत्ता :- प्रविण गायकवाड, कोपरगांव,  
मुद्रांक शुल्क रक्कम रू. :- १०० x ५०, = ५,०००/-  
मुद्रांक विक्री नोंदवही क्र. :- २,४९२, दिनांक :- ०६/०३/२०२५,  
मुद्रांक विकत घेणाऱ्याची सही :-



  
श्री. संकेत प्रकाशराव गायकवाड,  
शासकीय मुद्रांक विक्रेता, कोपरगांव शहर, जि. अहिल्यानगर,  
परवाना क्र. KOP/03/2024,  
ज्या कारणासाठी मुद्रांक खरेदी केला त्याच कारणासाठी मुद्रांक खरेदी केल्यापासुन ६ महीन्याचे,  
आत वापरणे बंधनकारक आहे.

ANNEXURE - XII

DECLARATION

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

I, Dr. Dinesh Rao the Principal of Rashtasant Janardhan Swami Homoeopathic Medical College & Research Centre, solemnly states on affirmation, that the information provided by me in Inspection Format 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 me by the concerned teachers and duly verified by me. It is further submitted the teacher's information attached in respective Annexure-VI (a) are not working in / at any other college /Institute or presented themselves at any inspection for the Academic Year 2025-26 as per my knowledge and information provided by the concerned teachers.

The teachers in the **Annexure-VI (a)** 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 (a)** are not practicing in college working hours or out-side the City where the College / Institute is situated.

I further hereby declare that every information or content 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 20<sup>th</sup> day of February 2025 at RJS HMC, Kopargaon.

Date:- 20/02/2025

Place :- Kopargaon



Signature of Principal  
Name of the Signatory  
(With Seal of the College/Institute)

Principal  
Rashtrasant Janardhan Swami  
Homoeopathic Medical College & R.C,  
A/P. Kokamthan, Kopargaon,  
A'Nagar - 423 601