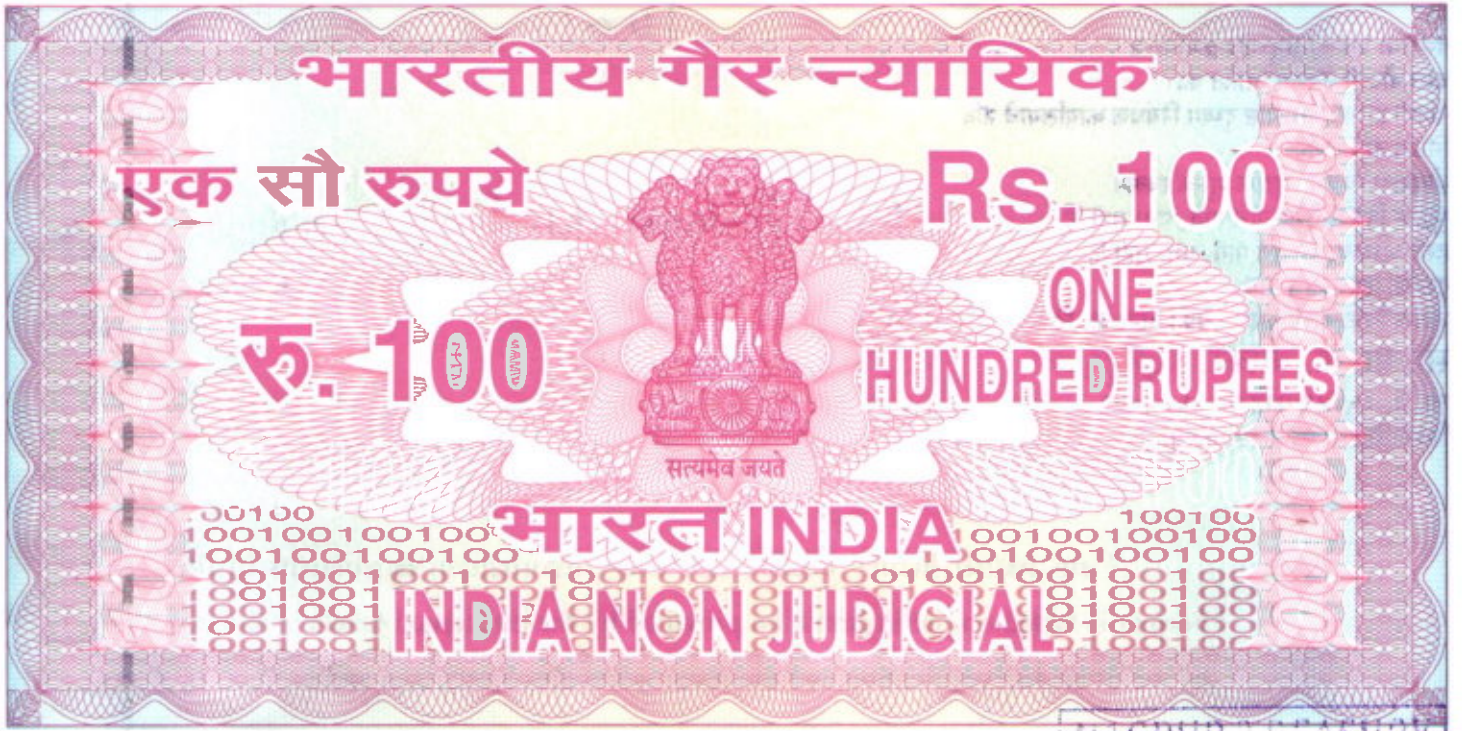


ANNEXURE "H"



महाराष्ट्र MAHARASHTRA

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NAGPUR TREASURY
ZN 003260
27 MAY 2022
Stamp Head Clerk / Sr. Clerk

NOTARIAL REG
ENTRY NO. 14582
DATE 11/6/2022

ANNEXURE - "H"
DECLARATION

I, the Dean / Director/ Principal of the **Government Dental College & Hospital, Nagpur Training Centre / Institute** solemnly states on affirmation, that the information provided by me in Inspection Format as well as uploaded on Training Centre 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-.....** & are not working in at any other Training Centre /Institute or presented themselves at any inspection for the Academic Year 20.....-20..... as per my knowledge and information provided by the concerned teachers. The teachers in the **Annexure-.....** & are staying in the same city / town / village where the **Training Centre" Institute** is situated or adjacent to the city / town / village, where the **Training Centre /Institute** is situated and having the valid proof of residence of the said city / town / village. The teachers in the **Annexure-.....** & are not practicing in Training Centre working hours or out-side the City where the **Training Centre /Institute** is situated.



वस्ताचा प्रकार/अनुच्छेद क्रमांक-४
दस्त नोंदणी करणार आहेत का?
नोंदणी होणार असल्यास दुय्यम निबंधक कार्यालयाचे नांव
मिळकतीचे वर्णन
मोबदला रक्कम, मुद्रांक शुल्क रक्कम
मुद्रांक विकत घेणाऱ्याचे नांव, पत्ता सही दि.
हस्त असल्यास त्यांचे नांव, पत्ता सही दि.
दुसऱ्या पक्षकाराचे नांव
मुद्रांक विक्रेत्याची सही, विक्री अनु. क्र. दि.
सौ. मा. क. बोरकर,
ला. नं. १५/८९ कोड क्र. ४६०१००९
जिल्हाधिकारी कार्यालय, नागपूर.

1001.

31/05/2022

Dr. Abhay N. Datarkar

Nagpur

11903

...2...

I am further hereby declare that every information or contents in this LIC 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 Training Centre shall be withdrawal, as the case may be.

This declaration is voluntarily signed by me on..... Day of
.....20..... At.....

Date:

Place:

Signature of Dean/Principal/Director
Name: Govt Dental College & Hospital
NAGPUR
(With Seal of the Training Centre)



ATTESTED
Chhaya R. Mahiskar
NOTARY
NAGPUR (M.S.) INDIA
Chhaya Rajaram Mahiskar
Advocate & Notary
Plot No. 48, Shyam Nagar,
Bhagwan Nagar Road, Infront of
Bank of Maharashtra, Nagpur-440027

