

महाराष्ट्र MAHARASHTRA

© 2021 ©

ZK 645840

Correasury Offices

Kalyan

FEB 2022

DECLARATION

ANNEXURE-XIV

I, the Dean/Principal of The SIA College of Health Sciences, College of Physiotherapy, Dombivali 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 teachers information attached in respective Annexure VII &VIII are not working in / at any other College Institute or

Annexure II

| Serial No. Date | (9023 | | 3 | 23/2/202 |
|---------------------------------|------------------------------------|----------|---------------|----------|
| Nature of document | | ₹. | | |
| Whether it is to be Registered? | Yes/No | | | |
| Property Description in brief | | W | | |
| Stamp Purchaser's Name | THE SIA COLLEGE OF HEALTH SCIENCES | | | |
| If through other Person then | | DOMBIVLI | | |
| Name & Add. & Sign. | Mitin | Woyal | | * |
| QVATT. | D-88 | WEDG | Sagari, I | Jam (2 |
| Name of the other Party | | | | |
| Stamp Duty Amt. | Rs. 100/- | | 2 Date-FR 201 | 72 |

Licence No. 1206043 STAMP VENDOR MR. AVINASH H. GUJARE

Add. D-86, Kasturi Plaza, Manpada Road, Dombivli (E).

ज्या कारणासाठी ज्यांनी मुद्रांक खरेदी केला त्यांनी त्याच कारणासाठी मुद्रांक खरेदी केल्यापासुन ६ महिन्यांत वापरणे बंधनकारक आहे. presented themselves at any inspection for the Academic Year 2022-2023 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 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 5th day of May 2022 at Dombivali.

Date 5/05/2022

Place Dombivali

THE SIA COLLEGE OF HEALTH SCIENCES COLLEGE OF PHYSIOTHERAPY DOMBIVLI

DEAN

Signature of Dean/Principal

Dr Asmita Karajgi