



महाराष्ट्र MAHARASHTRA

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अनु. क्र. २६५०२ दि. ०८ JAN २०२४ मु.श.रकम १०००/-

वस्तुचा प्रकार... अउरेकीवा

वस्तु नोंदणी करणार आहेत का ? होय/नाही.

मिळकतीचे वर्णन...

मुद्रांक विकत घेणाऱ्याचे नांव... प्राचार्य एम आय एम ई आर

पत्ता... मेडिकल कॉलेज, त.म.व.

दुसऱ्या पक्षाचा नाव...

हस्ते व्यक्तीचे नाव व पत्ता... सुनिल आगळे, त.म.व.

न्याया कारणासाठी न्यायांनी मुद्रांक खरेदी केला त्यांनी त्याच कारणासाठी मुद्रांक खरेदी केल्यापासून ६ महिन्यात वापरणे बंधनकारक आहे.

श्री चंद्रकांत तानाजी धिटे  
परवाना क्र. २२०८००३

मुद्रांक विकत घेणाऱ्याची सही जिजामाता चौक, तळेगांव तालुका



ANNEXURE-VII

DECLARATION

I, the Dean-/ Director/ Principal of the MAEER MIT Pune's Maharashtra Institute of Medical Education & Research (MIMER) Medical College, Talegaon (D), Tal.Maval, Dist.Pune – 410 507,

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- II... & IV are not working in / at any other College /Institute or presented themselves at any inspection for the Academic Year 2023-2024 as per my knowledge and information provided by the concerned teachers. The teachers in the Annexure- II...& IV 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- II...& IV 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 29 day of January 2024 at Talegaon (D).

Date 29/01/2024

Place : Talegaon(D), Dist.Pune

Signature of Dean/Principal Ksandhya S.

Name of the Signatory- **Dr. Sandhya S. Kulkarni**

(with Seal of the College / Institute)



**Principal**  
**MIMER Medical College**  
**Talegaon Dabhade -410 507**