



Dr. Vithalrao Vikhe Patil Foundation's

# COLLEGE OF PHYSIOTHERAPY

Opp. Govt. Milk Dairy, M.I.D.C., Ahmednagar-414111

Tel:-(0241) 2778042, 2777059, Fax:- (0241) 2779757

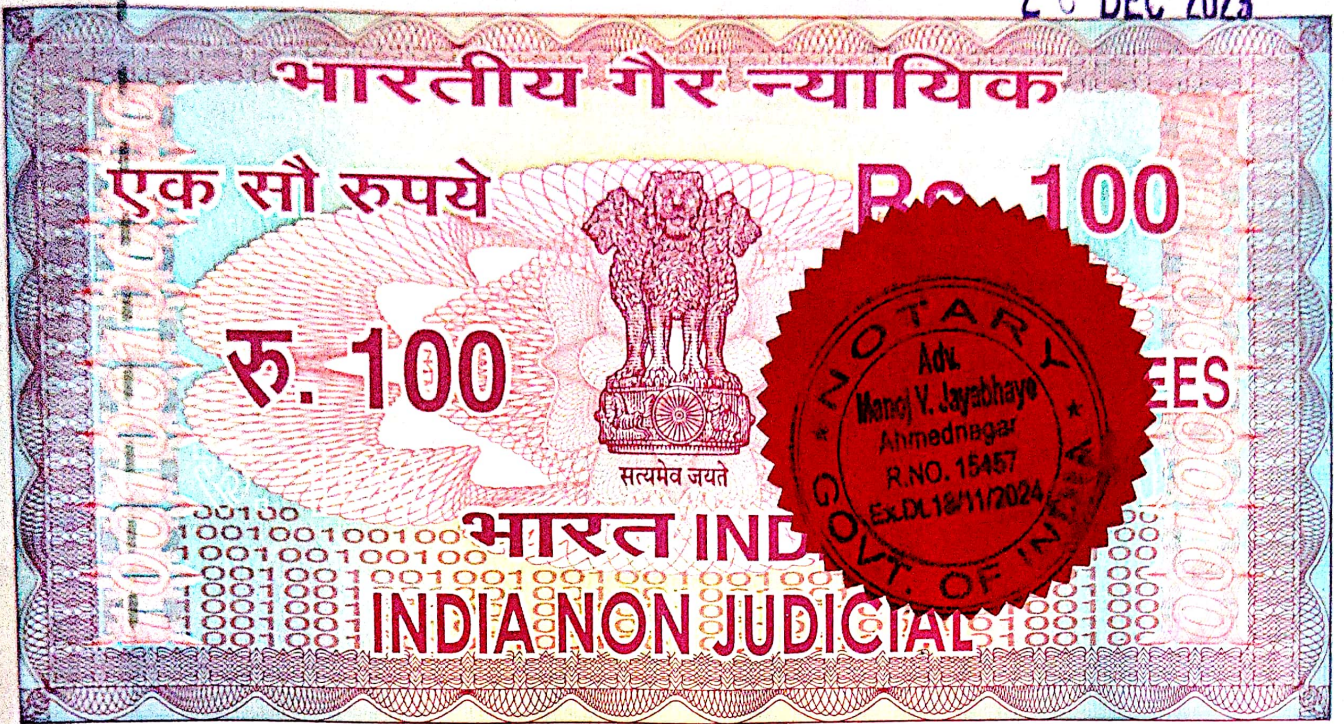
E-mail: [principal\\_physiotherapy@vimscopt.edu.in](mailto:principal_physiotherapy@vimscopt.edu.in) Website: [www.vimscopt.edu.in](http://www.vimscopt.edu.in)



## Annexure - XVII

### Declaration

26 DEC 2023

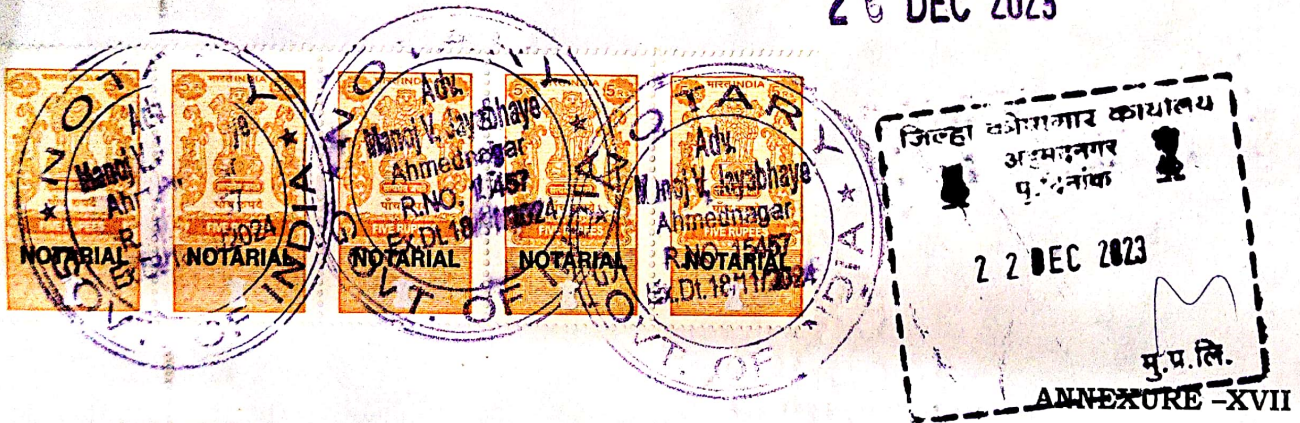


महाराष्ट्र MAHARASHTRA

2023

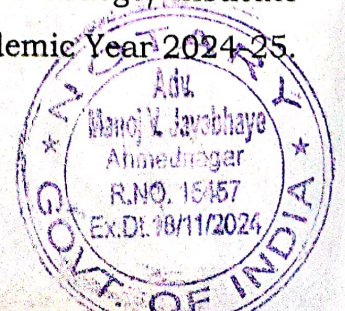
77AA 543004

26 DEC 2023



**DECLARATION**

I, the Principal of the Dr. Vithalrao Vikhe Patil Foundation's College Physiotherapy Opp. Govt. Milk Dairy, Post: M.I.D.C., Ahmednagar 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 & X** are not working in / at any other College/ Institute or presented themselves at any inspection for the Academic Year 2024-25.



वस्तु नाही  
दस्तावेज कसतार आहे का ?  
मिळविली होणार असल्यास दुय्यम निबंधक कार्यालयाचे नांव :  
मुद्रांक शिक्कत घेणाऱ्याचे नांव :  
दुय्यम्या पक्षकाराचे नांव :  
हस्त लेख असल्यास त्याचे नांव व पत्ता :  
मुद्रांक शुल्क रक्कम :  
नोंदवही अ.क्र.:-

28/12/23 दि. 22/12/23  
हरिष द. माडने  
मुद्रांक विवेकता, तहसिल कार्यालय, नगर  
ला.नं. 90890/92



As per my knowledge and information provided by the concerned teachers. The teachers in **Annexure- VII, VIII & X** are staying in the same City/Town/Village, whether College/Institute is situate and having the valid proof of residence of the said City/Town/Village. The teacher in this **Annexure- VII, VIII & X** are not practicing in College working hours or outside the City where the College/ Institute is situated

I am further hereby declaring that every information of contents of this declaration is based on the information provided by the concerned teachers and endorsed by me after due verification and the same are absolutely true and correct. If at any stage it is revealed that any information or content given in the declarations not true and correct. In such event the undersigned teacher, as the case may be, shall be liable for disciplinary action or penal action, as the case may be.

This declaration is voluntarily signed by me on Tuesday day of 26/12/2023 2023 at Ahmednagar.

Date: 26/12/2023

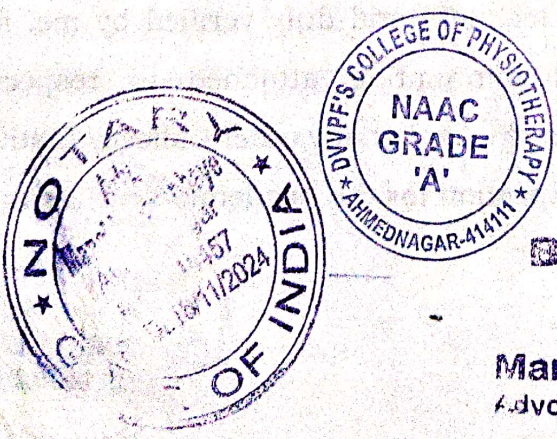
Place: Ahmednagar

Identified by me

Principal  
*Shyam D. Ganvir*

Name of the Signatory: (Dr. Shyam Devidas Ganvir)

DR. SHYAM D. GANVIR, Ph.D.  
Principal  
Dr. Vithalrao Vikhe Patil Foundation's  
College of Physiotherapy  
Ahmednagar - 414 111  
Ph. No. 0241- 2778042



BEFORE ME

*Manoj V. Jayabhaye*  
Manoj V. Jayabhaye  
Advocate & Notary Public  
Govt. of India  
Ahmednagar

Sr. No./S.S.E./NT... 709/23

26 DEC 2023