

Sr. No

I, the Principal of the **Satpuda Nursing Institute, Shegaon Dist. Buldhana** College / Institute solemnly states on affirmation, that the information provided by me in Inspection Format as well as uploaded on College Website along with all Annexure is true and correct to my knowledge & Belief. 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- VI & VII** are

not working in / at any other College /Institute or presented themselves at any inspection for the Academic Year 2024-2025, as per my knowledge and information provided by the concerned teachers. The teachers in the **Annexure- VI & VII** 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 & VII** are not practicing in College working hours or out-side the City where the College /Institute is situated.

Infrastructure Required as per MSR and Indian Nursing Council Norms is available and we have own building for Nursing Institute or Required Specified Constructed Area as per Norms Laid by Authorities for College and Hostel as per Intake capacity and further No Other Nursing Colleges Running in Same campus or In Same Building

I am further hereby declaring 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.....day of20.....at.....

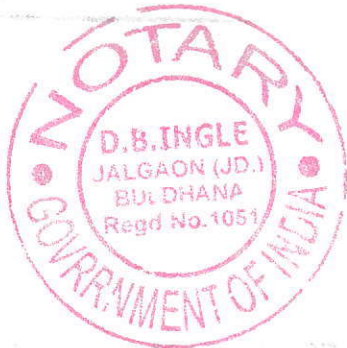
Date :.....

Place:.....

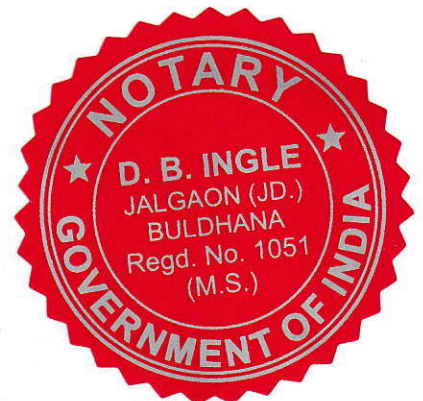
I Know and Identify the Deponent
Executantas, he/has sign before me



Signature of Dean/**Principal**
Name of the Signatory
Satpuda Nursing Institute
Shrigao Dist. Buldhana (MS)
(With Seal of the College/Institute)



BEFORE ME!
Deepak B. Ingle
NOTARY GOVT. OF MAHARASHTRA
JALGAON (JD.) BULDHANA DIST.
Udeepak B. Ingle
NOTARY
JALGAON (JD.) DIST. BULDHANA
Regd. No. 1051



31 JAN 2025
NOTED & REGISTERED
Sr. No.....





भारतीय विशिष्ट पहचान प्राधिकरण

भारत सरकार

Unique Identification Authority of India
Government of India



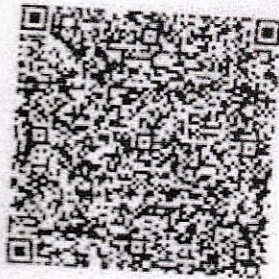
E-Aadhaar Letter

नॉदणी क्रमांक/Enrolment No.: 1178/35006/00840

Vidhya Lakshmi Dhanapal (विद्या लक्ष्मी धनपाल)
D/O: Dhanapal, adhiyur tirupattur, Tirupathur, Vellore,
Tamil Nadu - 635601

तुमचा आधार क्रमांक/Your Aadhaar No.:

6056 8465 5573



आधार-सामान्य माणसाचा अधिकार



1800 300 1800



mail@uidai.gov.in



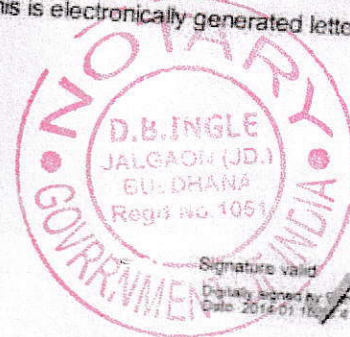
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- आधार देशभरात मान्य आहे.
- आधार साठी आपण एकदाच नामांकन नोंदणीची आवश्यकता आहे.
- तुमचा आपल्या सध्याचा मोबाइल नंबर व ई-मेल पत्ता नोंदवा. यामुळे आपल्या विभिन्न सुविधा प्राप्त करण्यासाठी मदत मिळेल.

- सूचना
- आधार ओळखीचे प्रमाण आहे, नागरीकत्वेचे नाही.
 - ओळखीचे प्रमाण ऑनलाईन ऑथेंटिकेशन द्वारा प्राप्त करा.
 - हे इलेक्ट्रॉनिक प्रक्रिये द्वारा तयार झालेले एक पत्र आहे.

INFORMATION

- Aadhaar is a proof of identity, not of citizenship.
- To establish identity, authenticate online.
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Signature valid

Digitally signed by Dhanapal
Date: 2014-01-10 11:41:05 IST

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भारत सरकार

GOVERNMENT OF INDIA



विद्या लक्ष्मी धनपाल
Vidhya Lakshmi Dhanapal
जन्म तारीख/DOB: 02/05/1983
महिला / FEMALE



भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पत्ता:
D/O: धनपाल, अधीयूर,
तिरुपटूर, तिरुपति, वेळूर,
तामिळ नाडू - 635601

Address:
D/O: Dhanapal, adhiyur tirupattur,
Tirupathur, Vellore,
Tamil Nadu - 635601

6056 8465 5573

आधार-सामान्य माणसाचा अधिकार

6056 8465 5573

Aadhaar-Aam Admi ka Adhikar