

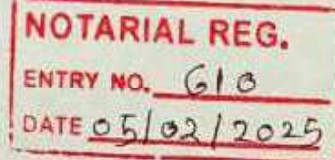
# **ANNEXURE-XVI**

**Declaration by the Dean / Principal of  
the College / Institute**

Hard copy of this Annexure must be submitted  
to the University



25 SEP 2024



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CR 149309

Annexure- XVI

### DECLARATION

M  
मुद्रांक प्रमुख लिपिक  
जिल्हा कोमगार कार्यालय  
गडचिरोली

(To be prepared on a Stamp Paper of Rs.500 Duly Notarized)

I, the Dean/Director/Principal of the Shri Sai Institute of Nursing & Medical Science, At-  
Wakadi, Tah-Dist-Gadchiroli 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 the best of 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 or presented themselves at any  
inspection for the Academic Year 2025-2026, 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 outside the  
where the College/Institute is situated.





दस्तावा प्रकार/अनुच्छेद क..... 7 नोंदणी करणार जाहल का.....  
नोंदणी होणार असल्यास दुरयम निबंधक कार्यालयाचे नाव .....  
मिळकतीचे वर्णन ..... मोबदला रक्कम .....  
क्रमांक ..... दि. 21.01.2025 किंमत रुपये .....  
श्री/श्रीमती/साथी/ति/वि. मारुवा/शिरान पोर करत. 5000000.00 (लाई)  
मार्फत - दिवाक .....  
दुसऱ्या पक्षकाराचे नाव .....

मुद्रांक घेणाऱ्याची सही

विलस एम. आरुळका  
मुद्रांक विक्रेता मद्रासिली  
ला.न. एन.डी. ४९०००००

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 penalaction or Affiliation of the College shall be withdrawal, as the case may be.

This declaration is voluntarily signed by me on 28<sup>th</sup> day of January 2025 at Gadchiroli.

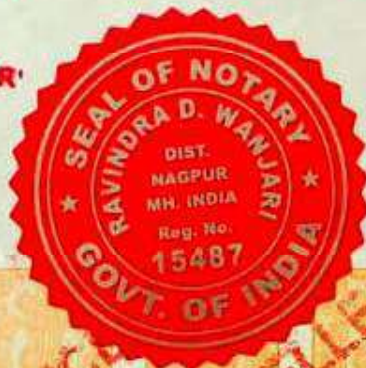
Date: 28/01/2025

Place :Gadchiroli.



**ATTESTED**

**RAVINDRA D. WANJAR**  
**NOTARY**  
**NAGPUR DIST (MH)**



Signature of Dean/Principal *Karpagala*  
Name of the Signatory *Karpagala*  
(With Seal of the College/Institute)

**PRINCIPAL**  
**SHRI SAI INSTITUTE OF NURSING**  
**& MEDICAL SCIENCE, WAKAIL**  
**GADCHIROLI - 442605**

