



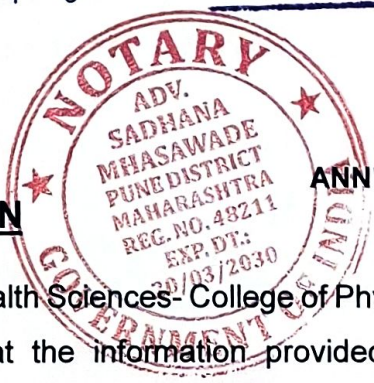
महाराष्ट्र MAHARASHTRA

2025

EM 609076

अनु.क्र. १४०५६ दि. ०६/०९/२०२६ मु. नु. रकम. ५००/-
 दस्तावा प्रकार पूरिता
 दस्त नोंदणी करणार आहेत का ? होय/नाही.
 निकषाची वर्णन
 मुद्रांक विकस घेणाऱ्याचे नांव सुर्यदाता इन्स्टीट्यूट ऑफ हेल्थ सायन्सेस
 पत्ता पाटीलवाडी, बवडान, पुणे
 दुसऱ्या पक्षकाराचे नांव
 हस्ते व्यक्तीचे नांव व पत्ता राज किशोर विठ्ठल अश्वरुथे
 श्री. सुजाता जोषाजी
 परवाना क्र २२९०४५
 ३२, तुम्बे सोसा कॉम्प्लेक्स, पुणे-३८.
 मुद्रांक विकस घेणाऱ्याची सही
 ज्या कारणासाठी ज्यांनी मुद्रांक काढेदी केला, त्यांनी त्याच कारणासाठी मुद्रांक काढेदी केल्याबाबत ६ महिन्यात वाचरणे बंधनकारक आहे.

वरिष्ठ कोषागार अधिकारी
 पुणे
 31 DEC 2025
 प्रथम मुद्रांक लिपीक कोषागार पुणे करिता.



ANNEXURE- XVII

DECLARATION

I, Principal of the SEF's Suryadatta Institute of Health Sciences- College of Physiotherapy, Bavdhan, Pune, 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- 7 & 8** are not working in / at any other College /Institute or presented themselves at any inspection for the Academic Year 2026 -2027, as per my knowledge and information provided by the concerned teachers.

The teachers in the **Annexure-7 & 8** 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- 7 & 8** 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 th 5 day of FEBRUARY 2026.. at ...PUNE...

Date : ...05/02/2026..

Place : PUNE.....

Signature of
Dean/Principal Name of
the Signatory-
(with Seal of the College / Institute)



BEFORE ME
Mhasawade
ADV. SACHANA MHASAWADE
NOTARY GOVT. OF INDIA
PUNE DISTRICT MAHARASHTRA
05 FEB 2026

NOTARIAL REGISTER
Sr. No.
Date... **05 FEB 2026**

