



महाराष्ट्र MAHARASHTRA

2022

35AA 314074

कॉलेज कामी,

अ. क. , दस्ताचा प्रकार :-

दस्ता नोंदणी करणार आहेत का. :- होय/नाही,  
नोंदणी होणार असल्यास दुय्यम निबंधक कार्यालयाचे नांव :-

मिळकतीचे वर्णन :-

मातोश्री आसराबाई दरडे होमियोपॅथिक

मोबदला रक्कम रु. :-

मुद्रांक विकत घेणाऱ्याचे नांव :- कॉलेज ऑफ हॉस्पिटल, बाबुळगांव,

दुसऱ्या पक्षकाराचे नांव :- राजेंद्र बाघचौरे, येवला,

हस्त असल्यास त्याचे नांव व रक्कम रु. :- = १,८००/-

मुद्रांक शुल्क रक्कम रु. :- २,५९८,

०७/०६/२०२३,

मुद्रांक विक्री मॉदवही क्र. :-

दिनांक :-

मुद्रांक विकत घेणाऱ्याची सही :-

*[Signature]*

*[Signature]*

प्रकाश शं. गायकवाड, कोपरगांव,

परवाना क्र. १३/९५,

ज्या कारणासाठी मुद्रांक खरेदी केला त्याच कारणासाठी मुद्रांक खरेदी केल्यापासुन ६,  
महीन्याचे आत वापरणे बंधनकारक आहे.

SUB TREASURY OFFICE  
Kopergaon Dist - A. Nagar

2 JUN 2023

*[Signature]*  
S.T.O. Kopergaon

*[Signature]*  
19/06/23

*[Signature]*  
19/06/23

*[Signature]*  
19/06/23

ANNEXURE- XIII

DECLARATION

I, the Principal of the Matoshri Asarabai Darade Homoeopathic Medical College / Institute 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-VI 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-VI 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 are not practicing in College working hours or outside 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 19 th day of June 2023 at Babhulgaon

Date : 19<sup>th</sup> June 2023

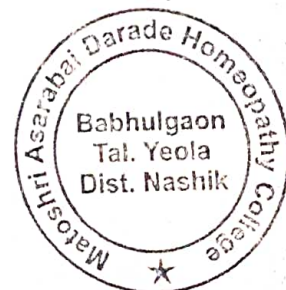
Place : Babhulgaon



Principal  
Matoshri Asarabai Darade  
Homoeopathic Medical College  
Babhulgaon, Tal. Yeola Dist. Nashik

Signature of Principal

Name of the Signatory- *Dr. Rupa Gaikwad*  
(with Seal of the College / Institute)



*As*  
19/6/23  
*Miko*  
19/06/23