



महाराष्ट्र MAHARASHTRA

2024

20AB 351109

3.1 JAN 2025



27 JAN 2025

लिपिक  
उप कोषागार कार्यालय, उल्हासनगर, महाराष्ट्र

### DECLARATION

I, the Dean / Director/ Principal of the B. R. HARNE COLLEGE OF PHYSIOTHERAPY 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-VII & VIII are not working in / at any other College /Institute 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- VII & VIII are staying in the same



31 JAN 2025

नोंड पत्र

(4) APP

दस्तावा प्रकार/अनुच्छेद क्रमांक

दस्तावा नोंदणी करपार आहेत का

नोंदणी होणार अकल्प्यास दुय्यम

निकळण कार्यावासाचे नांव

निवासस्थाने वर्णन

नोंदणी करपार

दस्तावा नांव

दस्तावा क्रमांक

हस्त लेखनात नोंदणी करपार

मुद्रांक शुद्ध करपार

मुद्रांक दिनांक नोंदणी अनुक्रमांक/दिनांक

मुद्रांक धिक्कत वेपान्याची सही

ज्या करपारसाठी नोंदणी मुद्रांक करेदी

कोला त्यांनी त्याच करपारसाठी मुद्रांक

करेदी वेपान्यासुन ६ महिन्यात जापरणे

आवश्यक आहे.

Jai shri Siddhivinayak foundation

Chandrakant E Surve

100

17748

AL Surve

मुद्रांक धिक्कत्याची सही

नांव : सुनिता के. आत्मारामाणी

परताना क्र. 9292099

पत्ता : कात्रप बदलापुर (पूर्व)

Badlapur

31 JAN 2025

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- VII & VIII are not practicing in College working hours or out-side the City where the College /Institute is situated.

I am 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 05 day of February 2025 at B. R. HARNE COLLEGE OF PHYSIOTHERAPY, VANGANI.

Date : 05.03.2024

Place : VANGANI

Signature of Dean/Principal

B.R. Harne College Of Physiotherapy,  
Vangani, Ambernath, Thane.