

महाराष्ट्र MAHARASHTRA

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प्रधान मुद्रांक कार्यालय, मुंबई. प.मु.वि.क्र. ८०००१५ - 7 FEB 2023

सक्षम् अधिकारी

श्रीवरों लोवना सरमळकर

ANNEXURE-X

DECLARATION

I. the Dean / Director/ Principal of the Hinduhridaysamrat Balasaheb Thackeray Medical College & Dr. R.N.Cooper Municipal General Hospital, Juhu, Mumbai. 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 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 II & IV 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 <u>Annexure-II & IV</u> 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 <u>Annexure-II & IV</u> are not practicing in College working hours or out-side the City where the College /Institute is situated.

l 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 day of February 2023 at Juhu Mumbai.

Date: 13/2/2023

Place: Mumbai

Signature of Dean/Principal

Name of the Signatory-

(with Seal of the College / Institute)

Dr. SHAILESH C. MOHITE
DEAN

H. B. T. MEDICAL COLLEGE & DR. R. N. COOPER HOSPITAL

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