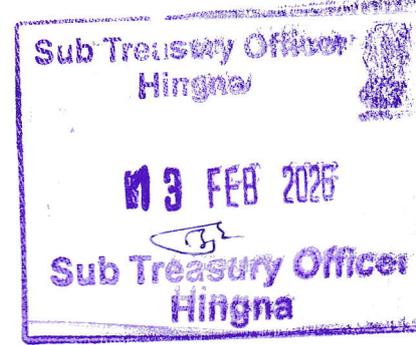
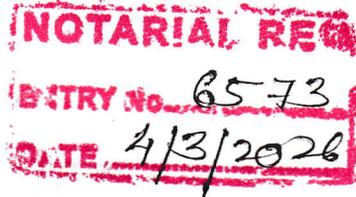


महाराष्ट्र MAHARASHTRA

● 2025 ●

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ANNEXURE- XIV

DECLARATION

Physiotherapy Faculty

I, the Dean / Director/ Principal of the uday Physiotherapy Medical 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-VII&VIII. 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- VII & VIII 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-VII&VIII are not practicing in College working hours or out-side the City where the College /Institute is situated.

1) मुद्रांक विक्री नोंद वही अनुक्रमांक	१०८९	दिनांक	१५/०२/२६
2) वस्त्याचा प्रकार	प्रतिसापण		
3) वस्त नोंदणी करणार आहेत का ?	/ नाही		
4) मिळकतीचे धोरणकाळ वर्णन			
5) मुद्रांक विक्री घेणाऱ्याचे नाव व सही	उद्येय फिजियोथेरेपी मेडिकल कॉलेज, नागपूर		
6) वस्त असल्यास त्याचे नाव व मूल्य			
7) वस्त्या पक्षकाराचे नाव			
8) मुद्रांक शुल्क रक्कम	१००/-		
 सगीता सुनिल वुटे		मुद्रांक विक्रीचा ला.क्र. ०३/२०२४ कोड क्र. ५३०८००९ तहसिल कार्यालय हिंगणा, नागपूर	



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.

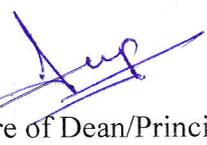
This declaration is voluntarily signed by me on **Monday** day of **February 2026** at **Nagpur**

Date : 04/03/2026
 Place : Wadi, Nagpur

ATTESTED



Mrs. S. R. MATTA
 ADVOCATE & NOTARY
 22-B, Clerk Town, Nagpur-44


 Signature of Dean/Principal

Name of the Signatory-



(with Seal of the College / Institute)
Principal

Uday Physiotherapy Medical College
Bruddhamana Wadi, Nagpur

