



महाराष्ट्र MAHARASHTRA

2021

ZB 676663

[Signature]

फॉटो नं. ४६०८०९१

नामदेव पी. पडोळे

मुद्रांक विक्रेता जा.नं. १७१/२३९१
राष्ट्रिय कार्यालय वॉशिंग्टन इंगोला

DECLARATION



I, the Dean / Director / Principal of the **VSPM'S DENTAL COLLEGE & RESEARCH CENTRE, NAGPUR** 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 that the teachers information attached in respective **Annexure- VIII & IX** are not working in / at any other College / Institute or presented themselves at any inspection for the Academic Year 2022-2023, as per my knowledge and information provided by the concerned teachers. The teachers in the **Annexure- VIII & IX** 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-VIII & IX** are not practicing in College working hours or out-side the City where the College / Institute is situated.

प्रतिज्ञापत्रासाठी (अनुच्छेद-४)

प्रतिज्ञापत्र करणे सादर इच्छाकरायचे

प्रतिज्ञापत्रासाठीचे काळीज

मुद्रांक विभाग, महाराष्ट्र शासन

ए. सहिवाणी भवन

मुद्रांक विभाग, कोलकाता

अनु. क्रमांक/दिनांक

मुद्रांक विभाग येथील काही मुद्रांक

परवानाधारक मुद्रांक विक्रेत्याचे नाव

ए परवाना क्रमांक वसंत मुद्रांक विक्रेते विभाग/अ.स. वी. भवन, प. पडोले,

कोड नं. ४६०८००९ मु. वि. ला. नं. १४१/१९९१, राष्ट्रीय कार्यलय परिसर, हिंगणा

डी. एस. पि. एम. डेन्टल कॉलेज

नागपूर

१८०८

१३६६६

दि. ६/१२/२०२१

उषा म. राडके

प्राचार्य

I am further hereby declaring 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 of20..... at VSPM'S DCRC

Date: 13/05/2022

Place: NAGPUR

Signature of Dean

Usha M. Radke

Name of the Signatory-(Dr. Usha M. Radke)

DEAN

VSPM'S Dental College &
Research Centre, Digidoh Hills,
Hingna Road, Nagpur-440019



(With Seal of the College / Institute)