

महाराष्ट्र MAHARASHTRA

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CX 289005

उप कोषागार कार्यालय, अकोले
अहिल्यानगर
पु. दिनांक

28 JAN 2025

उप. को. अकोले

फक्त प्रतिज्ञापत्रासाठी

प्रतिज्ञापत्रक कोणाकडे सादर करावयाचे दि. 08/01/24
प्रतिज्ञापत्रासाठीचे कारण २.५७१ Principal
मुद्रांक विकत घेणाऱ्याचे नाव : Mangala Institute Of Nursing Education
व रहिवासी पत्ता Akole, Tal. Akole, Dist. Ahmednagar
मुद्रांक विक्री बाबतची नोंदवही अनु. क्र.: १८२३ ५००२
हस्ते व्यक्तीचे नाव

उत्तरित एवढे: ९३४४ सोमनाथ
डोंबे
२१.११.२०२४
२१/११/२४

DECLARATION

(To be prepared on a stamp paper Rs.500)

I, the Dean/Director/Principal of the Mangala Institute of Nursing Education Akole -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 duty verified by me . It is further submitted the teachers information attached in respective Annexure VI&VII are not working in/at any other College /Institute or presented themselves at any inspection for the Academic year 2025-26 as per my knowledge and information

provided by the concerned teachers .The teachers in the Annexure VI&VII are staying in the same 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&VII are not practicing in college working hours or out-side the city where the college /Institute is situated .

Infrastructure Required as per MSR and Indian Nursing council Norms is available and we have own building for Nursing for Nursing Institute or Required specified Constructed area as per Norms Laid by Authorities for college and Hostel as per Intake Capacity and Further No other Nursing College Runing In same campus or in same Building .

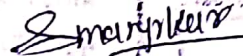
I am further hereby declare that every information or contents in this Inspection Format is based on the information provided by the concerned teachers and endorsed by me after due verification and the same is /are absolutely true and correct .If at any stage it is revealed that any information or content 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 03/02/2025

Date : 03/02/2025

Place : Akole

मंगला शिक्षण संस्थान
श्री. विद्यानाथ शर्मा (संस्थापक अध्यक्ष)
मुख्य शिक्षक, अकोले
मुख्य शिक्षक, अकोले
मुख्य शिक्षक, अकोले
मुख्य शिक्षक, अकोले
मुख्य शिक्षक, अकोले



signature of Principal

(seal of the Institute)

Principal

Mangala Institute Of Nursing Education
Akole, Tal.Akole, Dist.Ahmednagar