

DECLARATION

(To be prepared on a Stamp Paper of Rs.500 Duly Notarized)

I, the Dean / Director/ Principal of the 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 Annexure is true and correct to my knowledge & Belief. 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- & are not working in / at any other College /Institute or presented themselves at any inspection for the Academic Year 20.....-20....., as per my knowledge and information provided by the concerned teachers. The teachers in the Annexure- & 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- & 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 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 Colleges Running in Same campus or In Same Building

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.....

Date :.....

Place:.....



Signature of Dean/Principal Name
of the Signatory-

(With Seal of the College/Institute)

Date:



महाराष्ट्र MAHARASHTRA

२०२५ शिक्षापत्रासाठी पत्र

24/2/2026
DS 965326

उप कोषागार कार्यालय, अकोले.
अहिल्यानगर.
पु.दिनांक
24 FEB 2026
उप को. अकोले

प्रिन्सिपल
शिक्षापत्रासाठीचे कारण : Mangala Institute Of Nursing Education
अकोले, ताल. अकोले, जि. अहिल्यानगर
मुद्रांक विकत घेणाऱ्याचे नांव :
व्यक्तिचे नांव :
मुद्रांक विक्री बाबतची नोंदवही अनु.क्र.: १०८
व्यक्तिचे नांव : शुभम सोमनाथ ठोकरे

कशिता

2026e

श्री. वाळुनारायण रामदास येलमामे
मुद्रांक दि. त. अकोले. नं.: १०५४८/१८
मु.पो.ता. अकोले, जि. अहमदनगर
मोबा.: ९८९०३५६४९५

DECLARATION

(To be prepared on a Stamp Paper of Rs.500 Duly Notarized)

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 Annexure 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-VI&VII. are not working in /at any other College /Institute or presented themselves at any inspection for the Academic Year 2026 - 27 as per my knowledge and

005

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 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 Colleges Running in Same campus or In Same Building

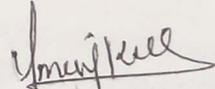
I am further hereby declaring that every information or contents in this Inspection Format is based on the information provided by the concerned teachers and endorsed by me after due verification and the same is/are absolutely true and correct. If at any stage it is revealed that any information or content 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 28/02/2026 .

Date : 28/02/2026

Place: Akole




Signature of Dean /Principal

Name .Dr .Alka Hari Manjrekar

PRINCIPAL
Mangala Institute Of Nursing Education
Akole, Tal. Akole, Dist. Ahilyanagar