



महाराष्ट्र MAHARASHTRA

2021

RP 926326

TREASURY OFFICE SATARA



22 FEB 2022

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STAMP HEAD CLERK

दस्तावा प्रकार / अनुच्छेद क्रमांक (Nature of Document/Article No.)	ZP 926326	3-3-22
दस्त नोंदणी करणार आहेत का ? (Whether it is to be Registered)		
नोंदणी होणार असल्यास दायप निबंधक कार्यालयाचे नाव (If Registerable Name of SRO)		
मिळकतीचे वर्णन (Property Description or Brief)		
घेवण्याचे मूल्य (Consideration of Account)	100/-	
मुद्रांक विक्री करणाराचे नाव (Stamp Purchaser's Name)	सावकार डॉ. म. ओ. पं. शिंदे मेडिकल कॉलेज, सातारा.	
दुसऱ्या पक्षाकडचे नाव (Name of Other Party)		
हस्ते असल्यास त्याचे नाव व पत्ता (If Through other persons then Name & Address)	कुठेही पत्ता नसतो	
मुद्रांक शुल्क रक्कम (Stamp Duty Amount)	100/-	

मुद्रांक विक्री नोंद वही अनु क्रमांक / दिनांक (Serial No./Date)	02
मुद्रांक विक्री करणारी पक्षी (Purchaser's Name & Date)	
घेवण्याचे मूल्य (Consideration of Account)	100/-
परवानाधारक मुद्रांक विक्री करणारी पक्षी व परवाना क्रमांक तसेच मुद्रांक विक्रीची ठिकाण, पत्ता	 डॉ. म. ओ. पं. शिंदे गवित वसंतराव पट्टार परवाना क्र 2309026 मु. ते. - स. दु. वि. क्र. 1/2, सातारा 9 पत्ता - 98, सोमवार पेठ, सातारा.
ज्या कारणासाठी ज्यांनी मुद्रांक खरेदी केला त्यांचे कारणासाठी मुद्रांक खरेदी केल्या पासून 6 महिन्यात वापरणे बंधनकारक आहे.	

Annexure-X

DECLARATION

I, the Principal of the SET's Sawkar Homoeopathic Medical College solomanly states on affirmation, that the information provided by me in Inspection format as well as uploaded on college website alongwith 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 – VI are not working in / at any other college / institute or presented themselves at any inspection for the academic year 2021-2022, as per my knowledge and information provided by the concerned teachers. The teachers in the Annexure-VI 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-VI are not practicing in College working hours or out-side the City where the College / Institute is situated.

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 20th day of May 2022 at Satara.

Date:- 20.05.2022

Place:- Satara



Signature of Principal

Name – Dr.Mrs.Shubhada Rajendra Palekar

PRINCIPAL
Sawkar Homoeopathic Medical College
SATARA