



महाराष्ट्र MAHARASHTRA

2025

63AB 787422

अनुक्रमांक 1001100100100100 दिनांक 10/11/2025 रुपये 100/-  
 मुद्रांक वोजवत कारणासाठी वापरण्याचा आहे.....  
 मुद्रांक मुद्रांक अधिनियम १९५८ चे अनुच्छेद क १/३१/१५५  
 मुद्रांक वापरणाराचे संपूर्ण नांव..... PRINCIPAL  
Sawkar Homoeopathic Medical College  
 संपूर्ण पत्ता..... SAFARA  
 हस्ते ध्यक्तीचा संपूर्ण नांव.....  
गणेशीय मारुत  
 पत्ता.....

TREASURY OFFICE SAFARA  
  
 14 NOV 2025  
 STAMP HEAD CLERK

(श्री. शीखर रामचंद्र जाधव) मुद्रांक धारकाची/हस्ते व्यक्तीची सही  
 ७९, रामदास गेट, सातारा.  
 परवाना क्र. २३०५००६  
 द. नि. अ. सातारा क्र. ९  
 मुद्रांक विक्रेता

३० दिवसांच्यासाठी ज्यांनी मुद्रांक खरेदी केला त्यांनी त्याच कारणासाठी  
 मुद्रांक खरेदी केल्या पासुन ६ महिन्यात वापरणे बंधनकारक आहे.

SAWARA  
 Sawkar Homoeopathic Medical College  
 PRINCIPAL

Annexure-XII

DECLARATION

I, the Principal of the **SET's Sawkar Homoeopathic Medical College** solemnly state 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 – VI (a)** 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-VI (a)** 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 (a)** 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 5<sup>th</sup> day of Jan 2026 at Satara.

Date:- 05.01.2026

Place:- Satara



Signature of Principal

Name – Dr.Manish Vilas Inamdar

**PRINCIPAL**  
**Sawkar Homoeopathic Medical College**  
**SATARA**