

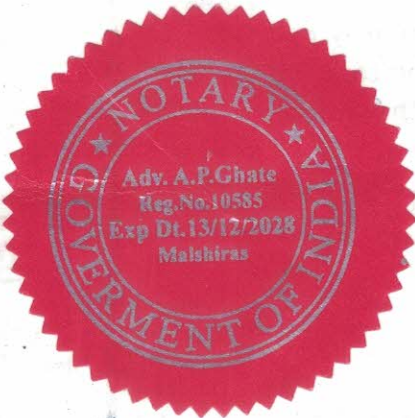
26/1/2026



महाराष्ट्र MAHARASHTRA

2025

EB 081965



DECLARATION

I, the Dean / Director/ Principal **Dr. Chanamallappa Hadaginal Irappa** of the **Shriram Institute of Nursing Paniv** 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- 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 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 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 & 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

जाडपत्र - 2

मुद्रांक विक्री नोंदवही क्र.

दस्ताचा प्रकार..

दस्त नोंदणी करणार आहेत का? होय / नाही

नेळकतीचे वर्गन.....

मुद्रांक विकत घेणार.....

दुरु-या पक्षकाराचे नांव.....

दुरु-या शुल्क रक्कम रुपये.....

मुद्रांक विकत घेणा-याची सहा

दि: अ.गुजराथी प.नं. 11992 कोड नं.2806

महेशिर्ष, ता. माळशिरस

या कारणासाठी ज्यांनी मुद्रांक खरेदी केला त्यांनी त्याच कारणासाठी
मुद्रांक खरेदी केल्यापासून ६ महिन्यात वापरणे बंधनकारक आहे

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 of 04/03/2026 at Paniv

Date :04/03/2026

Place Paniv

Signature of Dean/Principal

Name of the Signatory-

(With Seal of the College/Institute)

Date: 04/03/2026

Principal

Shriram Institute of Nursing, Paniv

Tal. Malshiras, Dist. Solapur





Noted & Registered
Serial No 267/2021
Date 04.03.2021

Cyano
Read Over explained & identified by
Sri. Chandan Shinde Dattatray G.

Signed
BEFORE ME

Adv. A.P. Ghatge
04.03.2021

Total Pages 04

Page No. 03

Adv. A. P. Ghatge
Notary (Govt of India,
Reg. No. 10585
Exp Date-13/12/2020
Maharashtra, Dist. - Solapur

