



महाराष्ट्र MAHARASHTRA

2024

01AB 384910



Sub Treasury Officer

Vengurla 13/11

13 NOV 2024

ज्या कारणासाठी ज्यांनी मुद्रांक खरेदी केला त्यांनी त्याच कारणासाठी मुद्रांक खरेदी केल्यापासून ६ महिन्यात वापरणे बंधनकारक आहे.	
कोणाकडे सादर करावयाचे आहे व कारण	करार
मुद्रांक विकत घेणाऱ्याचे नाव व पत्ता - प्रिन्सीपल के ई एस लोकनेते अँड. दत्ता पाटील	
मुद्रांक विक्री नोंद वही अन्. क्र. ३८५५ दिनांक - २१/११/२०२४.	
परवाना धारक मुद्रांक विक्रेत्याची सही, श्वरवाना क्रमांक तसेच मुद्रांक विक्रीचे ठिकाण/पत्ता	श्री. नरेश यशवंत शिर्षे परवाना क्र. २, (जून तहसिल आवार)
स्वतः/हस्ते - श्री. आशिष र. जाधव रा. वेंगुर्ला	

P.D. Jadhav  
विकत घेणाऱ्याची सही

ANNEXURE- XII

### DECLARATION

I, the Principal of the K.E.S. Loknete Adv. Datta Patil Homoeopathic Medical College & Hospital, Vengurla College / Institute solemnly 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 (a)** are not working in / at any other College /Institute or presented themselves at any inspection for the Academic Year 2025-2026, 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 further hereby declare that every information or content 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 04/02/25 day of ..... 2025 at.....

Date : 4/02/2025

Place : Vengurla

Signature of Principal

Name of the Signatory- Dr. K. G. Kelkar



**PRINCIPAL**  
**KES, LOKNETE ADV. DATTA PATIL**  
**HOMOEOPATHIC MEDICAL COLLEGE & HOSPITAL**  
**VENGURLA, MAIN ROAD VENGURLA**  
**DIST - SINDHURGA 416615**