



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 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 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 27 day of Feb 2026 at...Vengurla

Date : 27/02/2026

Place : Vengurla

Signature of Principal

PRINCIPAL
KES, LOKNETE ADV. DATTA PATIL
HOMOEOPATHIC MEDICAL COLLEGE & HOSPITAL
VENGURLA, MAIN ROAD VENGURLA
DIST - SINDHODURGA 416516

Name of the Signatory- Dr K. G. Kelkar

1. Hard copy of this Annexure must be submitted to the University.