



महाराष्ट्र MAHARASHTRA

2025

61AB 282331

जोडपत्र -२

१) मुद्रांक विक्री नोंदवही अनु.क्र.	४९४४०	दिनांक	१७/०३/२०२६
२) दस्ताचा प्रकार		बँकेकरीता	
३) दस्त नोंदणी करणार आहे का		होय / नाही	
४) मिल्कतीचे थोडक्यात वर्णन			
५) मुद्रांक विकत घेणाऱ्याचे नाव व पत्ता		प्राचार्य तक्षशिला आयुर्वेद कॉलेज, हॉस्पिटल अँड रिसर्च सेंटर	
६) हस्ते असल्यास नांव व पत्ता व सही		रा.खेर्डा ता.कारंजा लाड जि.वाशिम प्रणव सुरेश टेवरे	
७) दुसऱ्या पक्षकाराचे नांव			
८) मुद्रांक शुल्क रक्कम		१००/-	
मुद्रांक विकत घेणाराची सही		सुनंदा फुके, मुद्रांक विक्रेता, कारंजा जि.वाशिम.प.क्रं ४/९९ कोड.क्रं.६५०६००२	



DECLARATION

(To be prepared on stamp Paper Rs. 100)

I, the Dean/Director/ Principal of the Takshashila Ayurved College, Hospital & Research Center, Kherda (kh), Tq, Karanja Lad, Dist. Washim 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 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 teacher's information attached in respective Annexure- 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-_____** 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-_____** 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 _____ day of _____ at _____.

Date :
Place: Kherda



Signature of Dean/Principal
Name of the Signatory- Dr. Pradeep O. Pandao

Principal
Lakshashila Hospital & Research Center,
Kherda (Kh.) Karanja (Lad), Dist. Wash.