

महाराष्ट्र MAHARASHTRA  
जिल्हा कोषागार कार्यालय नंदुरबार  
पु.दिनांक  
30 MAR 2026  
मु.प्र.ली / अ.क्रो.स.

2025

49AB 052679

वि.क्र. 5227 रु.  
नांव दाहज्य पोसला गवित आयुर्वेदिक महाविद्यालय  
गांव पथराय हस्ते  
राजेंद्र सी. सोनार मुद्रांक विक्रेता ला.नं. 26/2009



### DECLARATION

I, the Dean/Director/ Principal of **Damji Posala Gavit Ayurved College & Hospital, Patharai Tal & Dist. Nandurbar 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 2025 - 2026** 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.

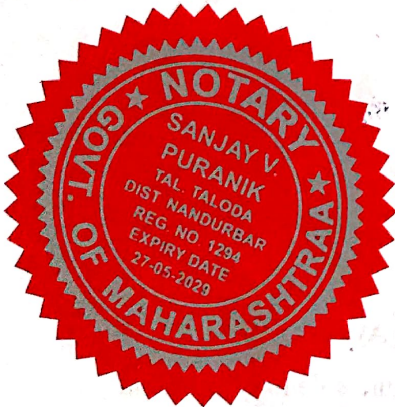
I am further hereby declaring that every information or contents in this Inspection Format is based on the information provided by the concerned teachers and endorsed by me after due verification and the same is/are absolutely true and correct. If at any stage it is revealed that any information or content 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 30 days of Mar.2026 at Nandurbar.

Date: 30/03/2026

Place: Patharai, Tal & Dist Nandurbar

n 1 APR 2026



Signature of Dean / Principal  
Name of the Signatory

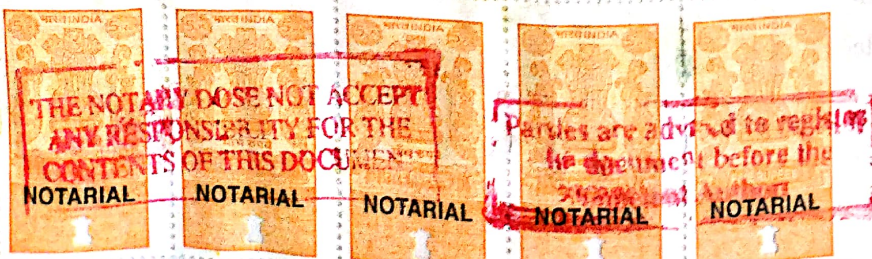
**ATTES TED**

NOTED & REGISTERED  
At Sr. No. 190/26 / 21  
THIS DOCUMENT CONTAINS  
2 Pages

**SANJAY V. PURANIK**  
NOTARY  
GOVT. OF MAHARASHTR  
REG NO 1294

(With Seal of the College / Institute)

**Medical Director/Principal**  
Damji Posla Gavir Ayurved College  
& Hospital, Patharai  
Tal. Dist. Nandurbar 425412 (M.S.)





भारत सरकार

Government of India



आधार

Issue Date: 25/09/2011



समीर अहमद गुलाब चौधरी  
Samir Ahmad Gulab Chaudhari



जन्म तारीख / DOB: 30/07/1982

पुरुष / Male

6782 9303 8123

मेरा आधार, मेरी पहचान

*Handwritten signature*



भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India

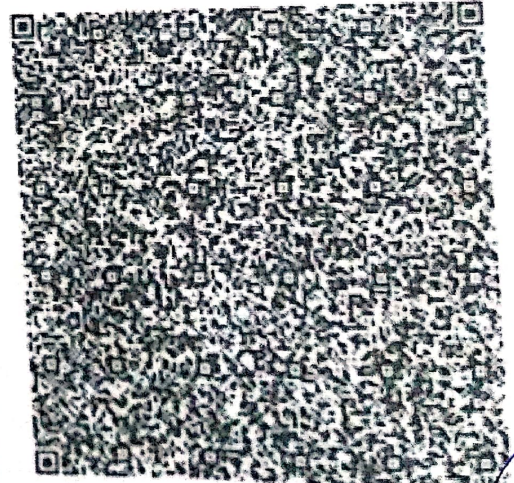


AADHAAR

पता: कॉलेज रोड तळोदा, तालुका तळोदा, तळोदा, नंदुरबार  
\*, महाराष्ट्र, 425413

Print Date: 27/01/2022

Address: College road Taloda, taluka  
Taloda, taloda, Nandurbar \*, Maharashtra,  
425413



6782 9303 8123



1947



help@uidai.gov.in



www.uidai.gov.in

*Handwritten signature*



Scanned with OKEN Scanner