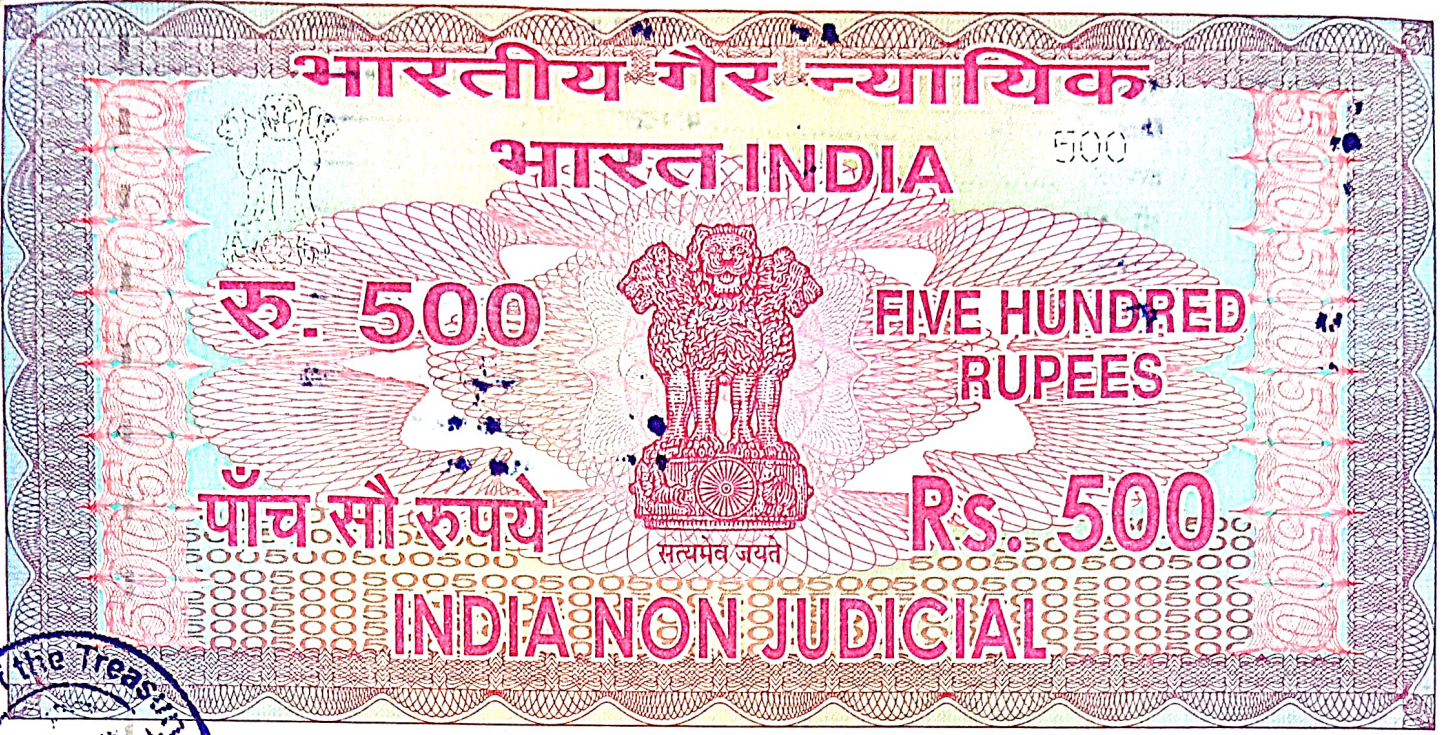


ANNEXURE-XVI

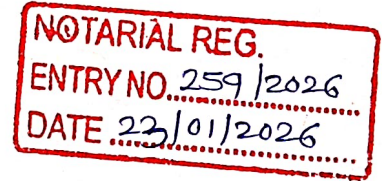
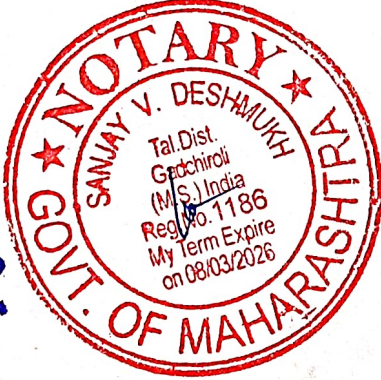
**Declaration by the Dean / Principal of
the College / Institute**

Hard copy of this Annexure must be submitted
to the University



2025

DN 665572



Annexure- XVI

DECLARATION

(To be prepared on a Stamp Paper of Rs.500 Duly Notarized)

I, the Dean/Director/Principal of the Shri Sai Institute of Nursing & Medical Science, At-
Wakadi, Tah-Dist-Gadchiroli 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 the best of 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 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 & 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 hour so route-side the city
where the College/Institute is situated.

दस्तावा प्रकार/अनुच्छेद क..... माळणी करणार आहेत का.....

नोंदणी होणार असल्यास दुय्यम निबंधक कार्यालयाचे नाव

विलकतीचे वर्णन मोबदला रक्कम

क्रमांक ...७८६२२... दि. १९/१०/२४ किंमत रुपये ५००/-

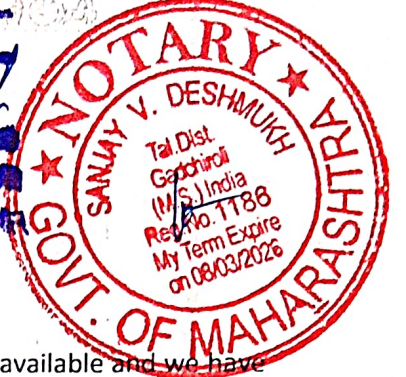
श्री/श्रीमती..... सावित्र लॉड लिडींग कारगिनाम शेराग फोर सरम जेवळणी २१/१०/२४

वार्फस - दि. १५/१०/२४

पक्षकाराचे नाव दि. १५/१०/२४

मुद्रांक घेणाऱ्याची सही

विश्वनाथ एम. आरुण
मुद्रांक घेणाऱ्याची सही
दि. १५/१०/२४



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 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 penalaction or Affiliation of the College shall be withdrawal, as the case may be.

This declaration is voluntarily signed by me on 28th day of January 2026 at Gadchiroli.

Date: 28/01/2026

Place :Gadchiroli.

Signed
Before Me

Sanjay V. Deshmukh
Advocate / Notary
Gadchiroli

Signature of Dean/Principal

Name of the Signatory-

(With Seal of the College/Institute)

Sanjeerl
PRINCIPAL

SHRI SAI INSTITUTE OF NURSING
& MEDICAL SCIENCE, WAKSI
GADCHIROLI - 447605

