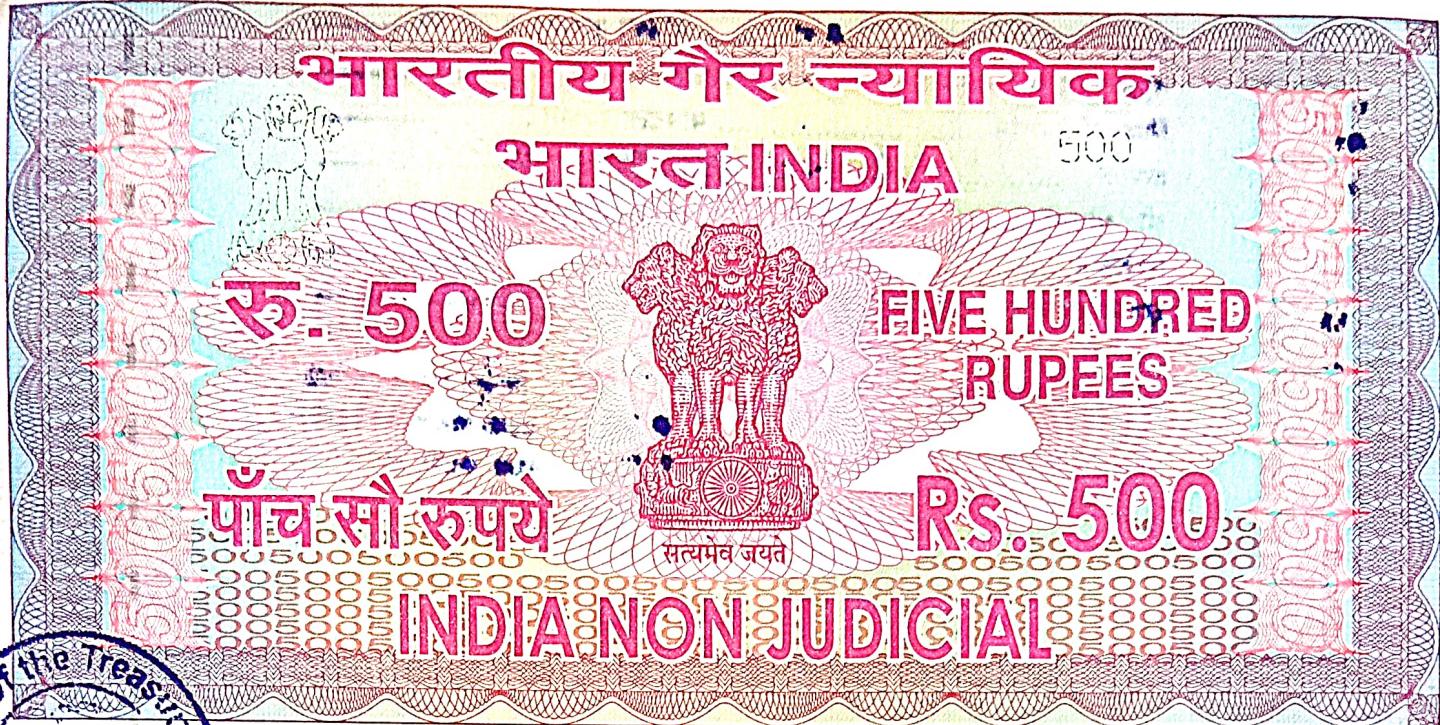


ANNEXURE-XVI

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

Hard copy of this Annexure must be submitted
to the University



महाराष्ट्र MAHARASHTRA

① 2025 ①

DN 665572

17 DEC 2025

NOTARIAL REG.
ENTRY NO. 259 /2026
DATE 23/01/2026

Annexure- XVI

DECLARATION

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

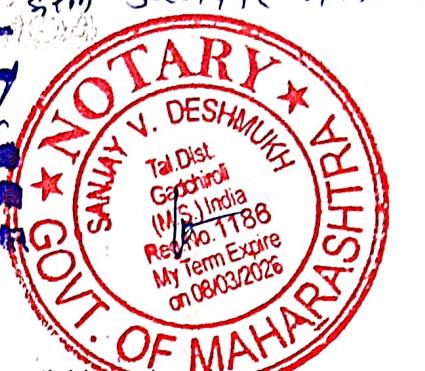
I, the Dean/Director/Principal of the Shri Sai Institute of Nursing & Medical Science, At-Wakadi, Tah-Dist-Gadchiroli solemnly states on affirmation, that the information provided by me in Inspection Format as well as uploaded on College Website along with all Annexure is true and correct to the best 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 out-side the city where the College/Institute is situated.

दरसावा प्रकार/अनुच्छेद का..... नांगला करणार आहत का.....
 नांगला हांगार असात्यारा दुर्घाम निवेदक कार्यालयाचे नाव
 निलकृतीचे वर्णन नोंदवला रक्कम
 क्रमांक ६०४११ दिनांक १९२१२०२४ किंवत रुपये ५००/-
 श्री/ श्रीमती भाविता नाव आंतिम नाव नाव
 वारंता -
 दृश्या पक्षकाराचे नाव १९५७

मुद्रांक घेणाऱ्याची सही

प्रिवेट एम. आरुगु
 गुरुगडे गांव गांव गांव
 नाव ५००/-

सिंग ०१०१४१०१० ०१११११११



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.

Signed

Before Me

Date: 28/01/2026

Place :Gadchiroli.

Sanjay V. Deshmukh
Advocate / Notary
Gadchiroli



Signature of Dean/Principal

Name of the Signatory-

(With Seal of the College/Institute)

Sanjeer
PRINCIPAL

SHRI SAI INSTITUTE OF NURSING
 & MEDICAL SCIENCE, WAKAD
 GADCHIROLI - 441605

