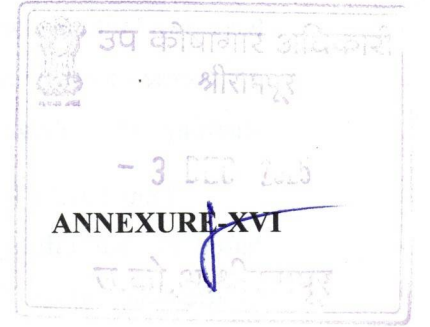
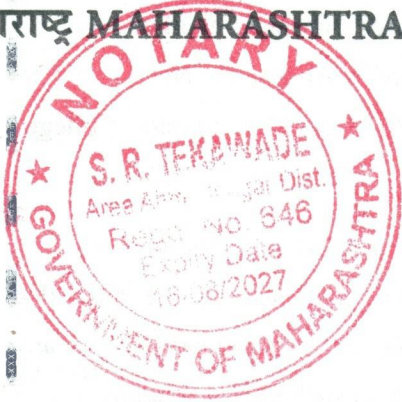


महाराष्ट्र MAHARASHTRA

2024

23AB 678015



### DECLARATION

I, the Principal of the **Sakhar Kamgar Hospital Trusts Seva Nursing College, Shrirampur** 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 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 - VII & VIII** are not working in / at any other College /Institute or presented themselves at any inspection for the **Academic Year 2026-27** as per my knowledge and information provided by the concerned teachers. The teachers in the **Annexure - VII & VIII** are staying in the same city / town where the College / Institute is situated or adjacent to the city / town, where the College is situated and having the **valid proof of residence** of the said city / town . The teachers in the **Annexure - VII & VIII** are not practicing in College working hours or out-side the City where the College /Institute is situated.





वैद्यक मॉडर्न / एल आप की

सादा प्रकार अनुसूचित कर्मक

सा नौदमी काला आहत का

दिनी हामा अतलवात दुव्यम निवचक कार्यालयावे नाम

निवचकी वेकन

निवचक वेकन

द्विक विवक वेकनवावे नाम

वेकन वेकनवावे नाम

वेकन वेकनवावे नाम

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वेकन वेकनवावे नाम

*[Handwritten signature]*  
S. R. TEKAWADE  
Area Ahmednagar Dist.  
Regd. No. 646  
Expiry Date 16/08/2027

23 DEC 2025



S.T.P./S.N.B./1051/10/11

वेकन वेकनवावे नाम

वेकन वेकनवावे नाम

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

This declaration is voluntarily signed by me on 31<sup>st</sup> day of December 2025 at 10am

Date : 31.12.2025

Place: Shrirampur

*[Handwritten signature]*

Name of Principal: Ms. Bhosale Shalini Prakash

Date: 31.12.2025

Principal  
Seva Nursing College  
Sakhar Kamgar Hospital Trust  
Shrirampur, Dist. Ahmednagar



BEFORE ME

*[Handwritten signature]*

S. R. TEKAWADE

Notary Govt. of Maharashtra  
Shrirampur Dist. Ahmednagar

