



महाराष्ट्र MAHARASHTRA

2025

65AB 029177

दस्ताचा प्रकार-प्रतिज्ञापत्र/बँक/संमती/करार/नोटरी

नांव Rashtrasant Janardhan Swami foundation, kopergaon

हस्ते असल्यास त्याचे नाव Ganesh Rethe

मु.वि.नोंद वही अ.नं. 9338 दिनांक 09/10/2024

[Signature]  
श्री रविंद्र उत्तम आहिर

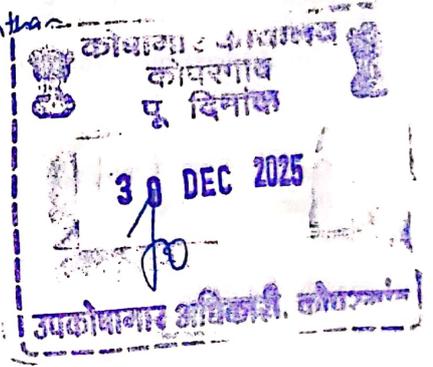
अधिकृत मु.वि.परवाना

क्र. KOP/01/2024

तहसिल कार्यालय, कोपरगाव

मुद्रांक रक्कम 100/-

मुद्रांक घेणाऱ्याची सही [Signature]



ANNEXURE-XVI

#### DECLARATION

I, the Principal of the Rashtrasant Janardhan Swami College of Nursing, Kopergaon 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- VI & VII 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- 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 hours or out-side the City where the College /Institute is situated.

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 <sup>74</sup>25<sup>th</sup> day of ~~February~~ 2026 at 7 p.m.

Date : 25/02/27  
Place : Kopargaon



Signature of Dean/Principal  
Name of the Signatory

**Principal**  
Rashtrasant Janardhan Swami  
College of Nursing,  
Kokamthan, Tal. Kopargaon  
Dist. Ahilyanagar (M.S.)