



महाराष्ट्र MAHARASHTRA

2024

DF 944248

30 JAN 2026

सोलापूर अनुक्रमांक 936, दिनांक - .....

श्री./सौ श्रीमती कामाबेन पेटल

यांनी रु. 500 चा जनरल स्टॅम्प मागितलेवरून हा

रु. 500 चा व भरतीस रु. 500

चे जनरल स्टॅम्प दिले.

प्रताप सत्यवान सूर्यवंशी

शहर मुद्रांक विक्रेता-कोड नं. २५०१०४०

परवाना क्र. ७०, दि. ३०/६/१९९८

ऑफीस नं. ०९, लोखंडवाला कॉर्नर,

१४५, सिध्देश्वर पेठ, सोलापूर - २.

मुद्रांक प्रमुख लिपिक/उपनिर्देशक  
16 JAN 2026

ANNEXURE- XVI

### DECLARATION

I, the Principal of the SMT. Kamalaben Patel Institute of Nursing Education, Kumbhari, Solapur. 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 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 any other

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-VII & VIII are staying in the same city where the Institute is situated or adjacent to the city, where the Institute is situated and having the valid proof of residence of the said city. The teachers in the Annexure- VII & VIII are not practicing in College working hours or out-side the City where the 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 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.....day of.....20.....at.....

Date: .....

Place: .....

Signature of Dean/Principal Name of the Signatory

**Principal**

**Smt. Kamalaben Patel Institute  
Of Nursing Education Kumbhari,  
Solapur**

(With Seal of the college/Institute)



Date: