



Hospital solemnly states on affirmation, that the information provided by me in Inspection Format as well as uploaded on College Website alongwith all Annexures is true and correct to the best of my knowledge. 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 (a) are not working in / at any other College /Institute or presented themselves at any inspection for the Academic Year 2025- 2026 as per my knowledge and information provided by the concerned teachers. The teachers in the Annexure-VI (a) 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 (a) are not practicing in College working hours or out-side the City where the College /Institute is situated.

I further hereby declare that every information or content 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 06th day of February 2025 at Newasa

Date: 06/02/2025

Place: Newasa

Signature of Principal

Name of the Signatory
Dr. Prashant Gangwal

(with Seal of the College / Institute)

A/P Jalki BK, Devgad Phata, Tal. Newasa Dist. Ahmednagar (MS.) 414603

Principal

ATAL BIHARI VAJPAYEE HOMOEOPATHIC

MEDIAL COLLEGE & HOSPITAL

AP Jalki BK, Devgad Phata, Tal Newasa

Dist.Ahmednagar (MS.) 414603