

महाराष्ट्र MAHARASHTRA

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दस्ताचा प्रकार प्रतिज्ञापत्र दरत नोंदणी करणार आहेत का ? होय/नाही.	
मिककतीचे वर्णन	
मुद्रीक विकत घेणा-बाचे नांव M. A. RANGOONWALA COLLEGE OF DENTAL प्रकार SCIENCES & RESEARCH CENTRE, PUNE	
हस्ते व्यक्तीचे नांव व पत्ता लिपाया १ वर्ग (१५ )	
प्रदास किरुण देवराम लड्कत परवाना क. २२०११२५ ४३१. तोमवार वेठ. पुणे-११ ज्या कारणासाठी ज्यांनी मुद्रांक खरेदी केता, त्यांनी त्याच कारणासाठी गरांत्र नरेरी केल्यापासन ६ महिन्यात वापरणे बंधनकारम आहे	

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**ANNEXURE - XVIII** 

## **DECLARATION**

I, the Principal of the M.A. Rangoonwala College of Dental Sciences & Research Centre, Pune. College solemnly states on affirmation, that the information provided by me in Inspection Format as well as uploaded on College

Website along with 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 that the teacher's information attached in respective **Annexure- IX.** & X are not working in / at any other College or presented themselves

at any inspectionfor the Academic Year 2025 -2026, as per my knowledge and information provided by the concerned teachers. The teachers in the Annexure- IX & X are staying in the same city where the College is situated or adjacent to the city, where the College is situated and having the valid proof of residence of the said city / town / village. The teachers in the Annexure- IX & X are not practicing in College working hours or out-side the City where the College / is situated.

I am further hereby declared 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 theundersigned / 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 4<sup>th</sup> day of February 2025 at Pune.

Date: 04th February 2025

Place: Pune.

Signature of Principal



Name of the Signatory- Dr. Ramandeep Dugal

DR. RAMANDEEP DUGAL
PRINCIPAL
M.A.RANGOONWALA COLLEGE OF DENTAL
SCIENCES & RESEARCH CENTRE, PUNE