



महाराष्ट्र MAHARASHTRA

१) मुद्रांक विक्री बाबतची नोंद अ. क्र. YCC दिनांक 7 APR 2026 51AB 906774

२) मुद्रांक अरेदीचे कारण सिद्धांत

३) मुद्रांक विकत घेणाऱ्याचे नाव Dr. M. L. Dhawale Memorial Homoeopathic Institute

व रहिवासी पत्ता

Opp. S. T. Workshop, Palghar-Boisar Road,

Palghar-401 404.

४) हस्तक्षेप

अशोक शिंदे

Fol.: 7720016367/58

५) मुद्रांक विकत घेणाऱ्याची सही

[Signature]

7 APR 2026

६) परवाना प्राप्त मुद्रांक विक्रीच्या सही

सी. ज्वाला दयानंद चौधरी

व परवाना क्रमांक तसेच मुद्रांक

परवाना क्र १२०१००४

विक्रीचे ठिकाण / पत्ता

आर्बन वर्न विलींग, गाळा नं.२, अरेदी रोड

त. वि. पालघर - ४०१४०४

जग कारणासही ज्यांनी मुद्रांक अरेदी केला त्यांनी त्याच कारणासाठी

मुद्रांक अरेदी केल्यापासून ६ महिन्यात बापरणे बंधनकारक आहे

जिल्हा कोषागार कार्यालय, पालघर
प. मु. वि. क्र. १२०१००४
23/03/2026
23 MAR 2026
मुद्रांक प्रमुख लिपीक

ANNEXURE - XII

DECLARATION

I, the Principal of the Dr. M.L. Dhawale Memorial Homoeopathic Institute 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 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 2025-26 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 teacher 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 in _____ day of _____ 2026 at _____

Date : _____

Place : _____



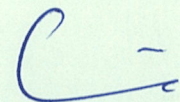
Dr. Sachin Junagade,
Officiating Principal



NOTED & REGISTERED	
AT Serail No. 937	12026
Register No. 937	Dated 15.4.
This Document Contains	2026
Total 02	Pages

BEFORE ME

ANAND B. MALI
B.A.LLB
ADVOCATE & NOTARY
DIST. THANE & PALGHAR
MoB No. 8669099328


15/4/2026

