



महाराष्ट्र MAHARASHTRA

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ZW 966755

सालापुर अ. न. ५६९ १६-६६ ३०, ५, २०२२

श्री. / सौ. जेडिल दिन्दयाल उपाध्याय देन महाविद्यालय

हस्ते. गोविंद कलुण्ठ

यांनी जनरल स्टॅम्प रु. १०० चा माहितलेवरून

१०० चा व भरतीस

चे जनरल स्टॅम्प दिवें

उ.प.म सादर



जगदीश व. कोंडी सिध्देश्वर

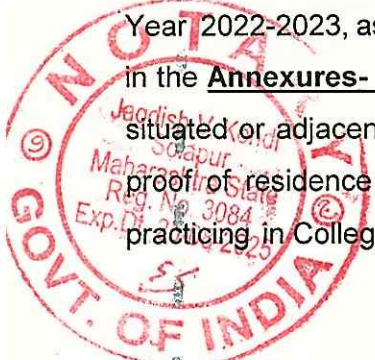
DECLARATION Serial No.

06/5462/22

(To be prepared on a Stamp Paper Rs.100)

DT 16/6/22

I, the Dean / Director / Principal of the PANDIT DEENDAYAL UPADHYAY DENTAL COLLEGE, SOLAPUR College / Institute 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 teachers information attached in respective Annexures- VIII & IX are not working in / at any other College / Institute or presented themselves at any inspection for the Academic Year 2022-2023, as per my knowledge and information provided by the concerned teachers. The teachers in the Annexures- VIII & IX 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 have the valid proof of residence of the said city/town village. The teachers in the Annexures- VIII & IX are not practicing in College working hours or out-side the City where the College / Institute is situated.



16 JUN 2022

Jagdish V. Kondi
Notary, Solapur (Maha. State)
(Government of India)
Page No.....

Noted & Registered
At Serial No 06 / 5462
Date 16/6/22

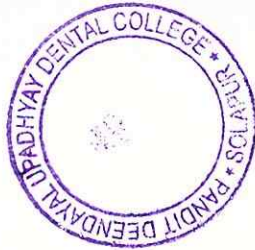
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I am further hereby declaring that every information or contents in this Inspection Format is based on the information provided by the concerned teachers and endorsed by me after due verification and the same is/are absolutely true and correct. If 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 withdrawn, as the case may be.

This declaration is voluntarily signed by me on Friday 27th May of May 2022 at.....

Date:

Place: Solapur



Signature of Principal

Name of the Signatory- Dr. Birangane R.S.

(With Seal of the College / Institute)

Dr. BIRANGANE R.S.
PRINCIPAL

P.D.U. Dental College, Solapur

Examined and
Identified by
Laxminarayana
एल. जे. कोटा
अडव्होकेट, सोलापूर.

Shri. Dr. Birangane R.S.

Signed before me

he is identified by

Shri. L. J. Kote

On 16/6/22

16/6/22

Jagdish V. Kondi
Notary, Solapur (Maha. State)
(Government of India)



Jagdish V. Kondi
Notary, Solapur (Maha. State)
(Government of India)
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