



महाराष्ट्र MAHARASHTRA

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मुद्रांक उपकरण
27 FEB 2026
मुद्रांक उपकरण

दस्तावेज
क्रमांक

दस्तावेजाचा प्रकार _____ अनुच्छेद क्रमांक _____

दस्तावेज नोंदणी करणार आहेत काय? _____

निष्कलतीचे वर्णन _____

मोबदला रकम _____

मुद्रांक शुल्क रकम १५०

मुद्रांक घेणाराचे नांव श्री प्रकाशचंद जैन आयुर्वेदिक महाविद्यालय, हॉस्पिटल (जमनेर)

दुसऱ्या पक्षकाराचे नांव डॉ. रमेश, पालाखेडा, जमनेर

हस्त असल्यास नांव व पत्ता _____

नरप काटवाल

मुद्रांक विक्री नोंदवही अ.क्र. ३४७७

ता. १५/३/२०२६

मुद्रांक घेणार सही _____

श्री. नारायण गंगाराम पाटील
मुद्रांक विक्रेता जामनेर
परवाना क्रमांक २/२०२४
मो. नं. 9561283321

DECLARATION

I, the Dr. Komalkumar Ranidasji Dakaliya, Principal of the Shri Prakashchand Jain Ayurved College , Hospital & Research , Palaskheda Bk , Jamner College / Institute solemnly states on affirmation, that the information A 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 the teacher's information attached in respective Annexure - IV are not working in / at any other College /Institute or presented them at any inspection

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for the Academic Year 2026-2027, as per my knowledge and information provided by the concerned teachers. | The teachers in the Annexure- IV 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- IV are not practicing in college working hours or out-side the City where the College /Institute is situated. I am further hereby declare 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 withdrawal, as the case may be.

This declaration is voluntarily signed by me on 27th day of February 2026 at Jamner.

Date : 27/02/2026

Place – Palaksheda Bk , Jamner



(Dr. Komalkumar Ranidasji Dakaliya)

Principal
Shri. Prakashchand Jain

Ayurvedic Medical College,
Hospital & Research, Palaskhede Bk.
Jamner Tal, Jamner, Dist. Jalgaon, Pin-424205