





I 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 21<sup>st</sup> day of April 2023 at Jamkhed District Ahmednagar.

Date :- 21/04/2023

Place :- Jamkhed District Ahmednagar

Signature of the Principal  
Name of the Signatory :- Dr.Khan S.K.  
Ratnadeep Ayurved Medical College  
Ratnapur Taluka Jamkhed District Ahmednagar

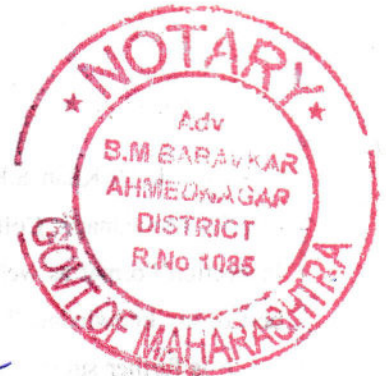


21 APR 2023

Excutant/s is are identified by \_\_\_\_\_ to whome I know personally

BEFORE ME

B. M. BARAVKAR  
ADVOCATE & NOTARY PUBLIC  
JAMKHED, DIST. AHMEDNAGAR



Noted At Serial No \_\_\_\_\_