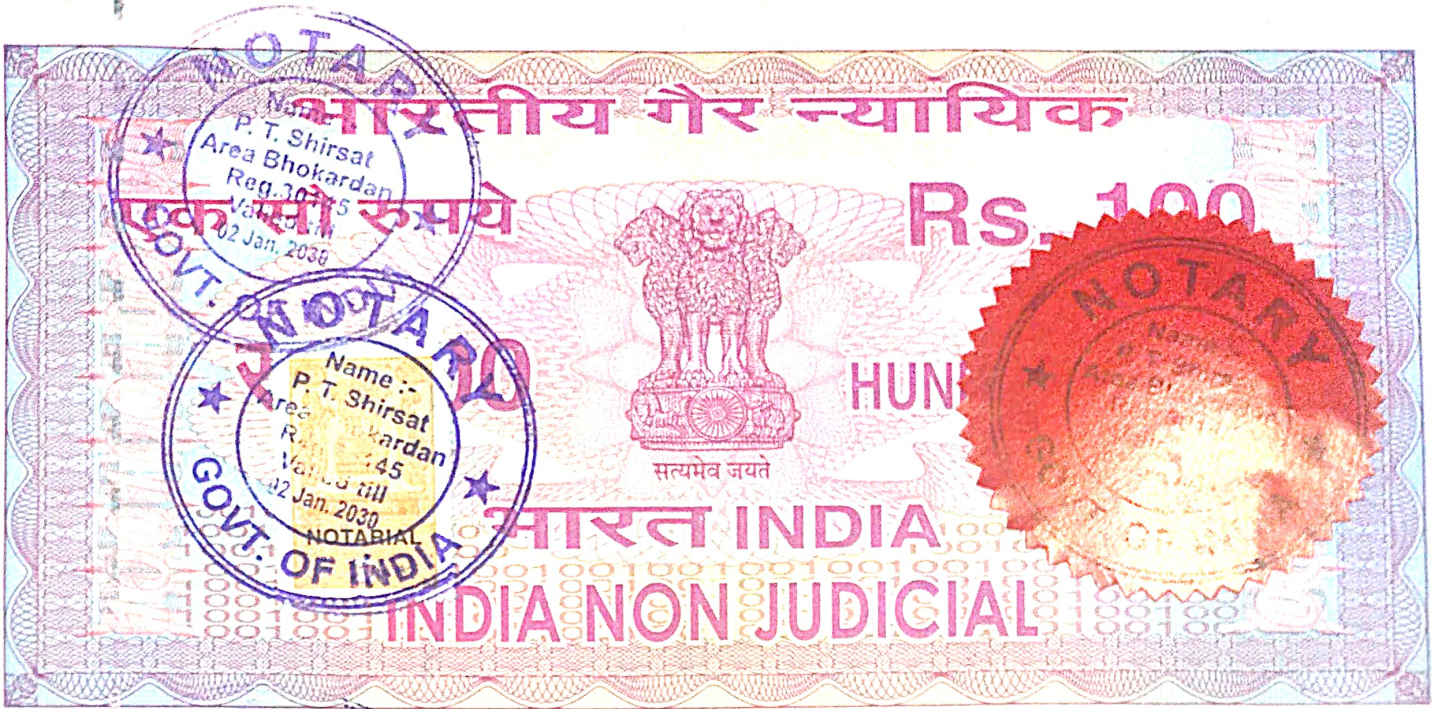


**ANNEXURE- XVI**  
**DECLARATION**



महाराष्ट्र MAHARASHTRA

2025

53AB 943507



दिनांक 17 DEC 2025

स्थान जालना

दिनांक 20/12/2025

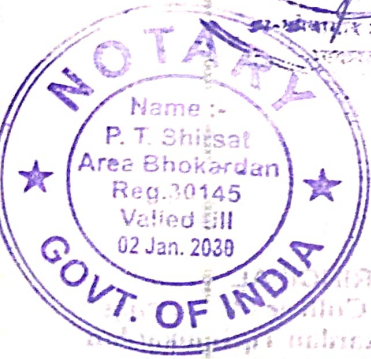
प्राचार्य, ओमशान्ति कॉलेज  
जोमला, जालना जिल्हा

रमेशा त्रिंबकराव  
गावंडे

राकेशा कोकटे

53AB 943507

रम.वी. कोकटे  
मु. दि. भोकरदन  
प.क्र. 3600001



ANNEXURE-XVI

DECLARATION

I, the Dean / Director/ Principal of the OM Shanti College of Nursing, Jomala, Bhokardan, Dist Jalna / Institute solemnly states on affirmation, that the information provided by me in Inspection Format as well as uploaded on College Website along with all Annexure is true and correct to my knowledge & Belief. 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- VI & VII are not working in / at any other College /Institute or presented themselves at any inspection for the Academic Year 2026 - 2027, as per my knowledge and information provided by the concerned teachers. The teachers in the

Annexure – VI & V 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- VI & VII are not practicing in College working hours or out-side the City where the College /Institute is situated. Infrastructure Required as per MSR and Indian Nursing Council Norms is available and we have own building for Nursing Institute or Required Specified Constructed Area as per Norms Laid by Authorities for College and Hostel as per Intake capacity and further No Other Nursing Colleges Running in Same campus or In Same Building 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 withdrawal, as the case may be. This declaration is voluntarily signed by me on.....day of .....20.....at.....

Date : .....

Place Jomala, Bhokardan

Signature of  
Dean/Principal

Name of the Signatory- **Om Shanti College Of Nursing  
Jomala Bhokardan Tq. Bhokardan  
Dist. Jalna.**  
(With Seal of the College/Institute)

Date: .....



Such execution has been identified by  
Shri P. T. Shirsat known to me  
The execution is to my satisfaction

Identified by

**BEFORE ME**  
P. T. Shirsat  
Advocate & Notary  
GOVT. OF INDIA Reg. No. 30145  
Bhokardan, Dist. Jalna (M.A.)  
Mob. 9423746034