



Adivasi Devmogra Education Society
K D Gavit College Of Physiotherapy
Pathrai Tal. Dist. Nandurbar

EMAIL ID : physiotherapy6159@gmail.com

ANNEXURE -XIV

(Declaration)



महाराष्ट्र MAHARASHTRA

2025

49AB 432567



भतज्ञापत्र काजाकड तादर करावयाचे आहे.

प्रतिज्ञापत्रासाठीचे कारण

प्रतिज्ञापत्र करुन घणान्या व्यक्तीचे नांव

मुद्राक विक्री वावतची नोंद वही अचुं क्र.दिनांक.

मुद्राक विकत घणान्याची सही

रज्जेट सी. सोनार

23 JAN 2026
मुद्राक विक्रेता ला.न.२६/२००९, स्टेशन रोड, नंदुरवार

13 FEB 2025



DECLARATION

I, the Dean / Director/ Principal of the K D Gavit College of Physiotherapy 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 the teacher's information attached in respective Annexure VII, VIII. & X are not working in / at any other College /Institute or presented themselves at any inspection for the Academic Year 2026-2027, as per my

Parties to add to register the document before the competent Authority

knowledge and information provided by the concerned teachers. The teachers in the **Annexure- VII, VIII & X** 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- VII, VIII. & X** are not practicing in college working hours or out-side the city where the College /Institute is situated.

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 **2ND day of ...February 2026** at

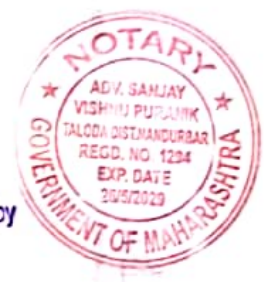
Date :- 02/02/2026

13 FEB 2026

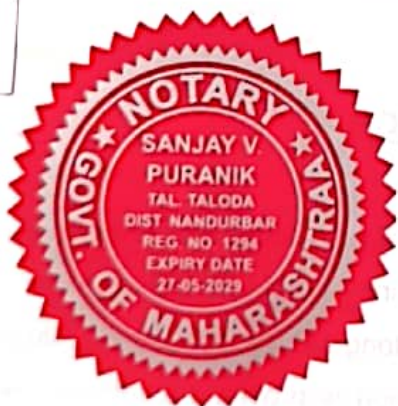
Place :- Pathrai Nandurbar

[Handwritten Signature]

Principal
K.D.Gavit, College of Physiotherapy
Pathrai, Tal.& Dist.Nandurbar



NOTED & REGISTERED
At Sr. No. 89/2026
THIS DOCUMENT CONTAINS
02 Pages



ATTES TED
[Handwritten Signature]
SANJAY V. PURANIK
NOTARY
GOVT. OF MAHARASHTR
REG NO 1294

Puranik
NOTARY & ADVOCATE
GOVERNMENT OF MAHARASHTRA
TALODA DIST. NANDURBAR MAHARASHTRA
BAR NO. - MAH/1827/2001
EXPIRY - 27/09/2029





भारत सरकार
GOVERNMENT OF INDIA



மகேஷ் சாத்நையா
Mahesh Sathaiah

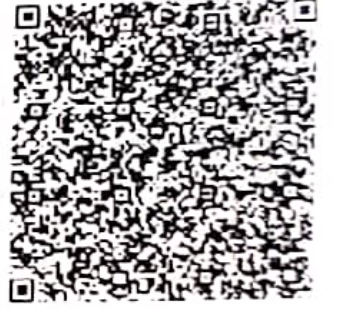
பிறந்த நாள்/DOB: 03/07/1976

ஆண்/ MALE

Mobile No: 9884375855

4647 3661 5270

VID : 9164 3806 7499 2155



எனது ஆதார், எனது அடையாளம்



(Handwritten Signature)





भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

முகவரி:

தந்தை / தாய் பெயர்: சாத்தையா, 1350,
அரிஜன காலனி, வடகாடு, ஆலங்குடி
தாலுகா, வடகாடு, புதுக்கோட்டை,
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Handwritten signature in blue ink.

