

teachers and duly verified by me. It is further submitted the teachers information attached in respective Annexure- 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 knowledge and information provided by the concerned teachers. The teachers in the Annexure-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- VIII & X 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 day of20..... at Latur

Date :

Place : LATUR



Signature of Dean/Principal

Name of the Signatory- Dr. Subhash Khatri
(with Seal of the College / Institute)

Principal
Maharashtra Institute of
Physiotherapy, Latur