



महाराष्ट्र MAHARASHTRA

2025

EG 111857

जोड़पत्र १ व २ / Annexure-I & II

मुद्रांक विक्री कारण-

Reason of sale stamps and Amount

मुद्रांक विकत घेणाराचे नांव व पत्ता-

Stamp Purchasers Name

हस्ते असल्यास त्याचे नांव व पत्ता

Stamp Purchasers Name

मुद्रांक विक्री क्रमांक व दिनांक

Serial No and Date

मुद्रांक विकत घेणाराची सही

Stamp Purchasers Sign.

मुद्रांक विक्रेता- जगदिश नामदेव वेल्हाळ

परवाना क्र. २३०३०४० मु. वि. ठिकाण-दु.नि.कार्य.तांज

ज्या कारणासाठी परवाना मुद्रांक खरेदी केला त्यांनी त्याच कारणासाठी मुद्रांक खरेदी केल्यापासून ६ महिन्यात वापरणे बंधाकारक आहे

Principal
Hirai Institute of Nursing Education
Malwadi (Masur), Tal. Karad,
Dist. Satara Pin 415106

दिनांक 27 FEB 2026

SUB TREASURY OFFICE, KARAD
23 JAN 2026
TREASURY OFFICER, KARAD



ANNEXURE-XVI

DECLARATION

I, the Dean / Director/ Principal of the Hirai Institute of Nursing Education At-Malwadi
Post- Masur Tal-Karad Dist-Satara 415106 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 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 teachers information attached in respective Annexure- VI & VIII 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 & VIII 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 & VIII 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 11.30 AM day of Thursday 26/02/2026 at Malwadi, Masur

Date: 26/02/2026

Place: Malwadi Masur



[Signature]
Principal

Hirai Institute of Nursing Education
Malwadi (Masur), Tal. Karad,
Dist. Satara Pin - 415 106

NOTED & REGISTERED
TODAY AT KARAD

Serial No. 84/2026

DATE 02 MAR 2026

BEFORE ME

[Signature]
02.03.2026

ADV. AMARAJIT LUTAMBAJI INGOADALE
NOTARY, GOVT. OF INDIA
KARAD, DISTRICT SATARA
REGD. No. 38890

