



महाराष्ट्र MAHARASHTRA

2021



### DECLARATION

(To be prepared on a Stamp Paper Rs.100)

I, the Dean / Director / Principal of the Swargiya Dadasaheb Kalmegh Smruti Dental College & Hospital 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 that the teachers information attached in respective Annexure- VIII & IX are not working in / at any other College / Institute or presented themselves at any inspection for the Academic Year 2022-23 as per my knowledge and information provided by the concerned teachers. The teachers in the Annexure- VIII & IX 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 & IX are not practicing in College working hours or out-side the City where the College / Institute is situated.

*[Handwritten signature]*

DEAN  
Swargiya Dadasaheb Kalmegh Smruti  
Dental College & Hospital  
Dhule, Dist. Nagpur.

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 22<sup>ND</sup> day of April..2022 at Hingna Dist Nagpur.

**Date:** 22/04/2022

**Place:** Nagpur


Signature of

Dean/Director/Principal

Name of the Signatory-

(With Seal of the College / Institute)



  
**DEAN**  
**Swarghya Dadasaheb Kalmegh Smar**  
**Dental College & Hospital**  
**Hingna, Dist. Nagpur.**