



महाराष्ट्र MAHARASHTRA

2024

21AB 264376

*Handwritten signature*

*Handwritten text in Marathi: डॉ. राजेंद्र गोडे आयुर्वेदिक कोलेज, अमरावती*

*Handwritten signature*  
विजय बी. मुदडा  
मुद्रांक विक्रेता-प्रभात कॉलनी  
अमरावती शहर ला.नं. ११/१९९१  
फोन नं ९८९००५४/७



**Annexure XV  
DECLARATION**

I Dr. Ujwala Manoharrao Sakarkar, the Principal of the Dr. Rajendra Gode Ayurved College Hospital and Research Center University –Mardi Road, Amravati solemnly states on affirmation that the information provided by me in Inspection Format as well as uploaded on College Website alongwith 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 05 & 08 A&B are not working in / at any other College /Institute or presented themselves at any inspection for the Academic Year 2025-2026, as per my knowledge and information provided by the concerned teachers. The teachers in the Annexure 05 & 08

**A&B** 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 05 & 08 A&B** 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 Seventh day of February.2025 at 10.30 am

**Date : 07/02/2025.**

**Place : Amravati**



Signature of Dean/Principal

Name of the Signatory- **Dr. Ujwala Manoharrao Sakarkar**

**Principal**  
**Dr. Rajendra Gode Ayurved College,**  
**Hospital & Research Center, Amravati**