



महाराष्ट्र MAHARASHTRA

2025

69AB 089132



DECLARATION

I, the Dr Priyaranjan Chaudary Principal of the IDEAL INSTITUTE OF PHYSIOTHERAPY At posheri taluka wada dist Palghar Mumbai 421303 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- 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-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- VIII** are not practicing in College working hours or out-side the City where the College /Institute is situated.

Infrastructure Required as per MSR Norms is available and we have own building for Required Specified Constructed Area as per Norms Laid by Authorities for College and Hostel as per Intake capacity and further No Other college Running 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 Thursday day of 26/02/2026 at 01:00 pm

Date: - 26/02/2026

Place: Posheri



PRINCIPAL

IDEAL INSTITUTE OF PHYSIOTHERAPY
Signature of Dean/Principal
At Post - Posheri, Taluka - Wada,
Dist. Pargana, MH-421303

Name of the Signatory: Dr

Priyaranjan Chaudary

(With Seal of the College/Institute)

Date: 26/02/2026