

DECLARATION**Physiotherapy Faculty****(To be prepared on a Stamp Paper Rs.100)**

I, the Dean / Director/ Principal of the Ideal Institute of Physiotherapy College / Institute 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 teachers information attached in respective Annexure-....&.... are not working in / at any other College /Institute or presented themselves at any inspection for the Academic Year 20.....-20....., as per my knowledge and information provided by the concerned teachers. The teachers in the Annexure-&.... 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-&.... 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.....

Date : 18/12/25.....

Place :



Signature of Dean/Principal
Principal
Name of the Faculty
Ideal Institute of Physiotherapy
Sankal, Taluka-Wada,
District-Palghat, Maharashtra
(With Seal of the College/Institute)

213225

10 JAN 2025

१. मुद्रांक विधी नोंदवही अनु. क्रमांक / दिनांक	
२. दस्त्याचा प्रकार	
३. दस्त नोंदणी करणार आहेत का !	होय / नाही
४. निव्वकतीचे धोडक्यात वर्णन -	
५. मुद्रांक विवत घेण्याच्याचे नाव व राही	
६. हस्त अतत्यात त्याचे नाव, पत्ता व सही	
७. दुसऱ्या पक्षकाराचे नाव	
८. मुद्रांक शुल्क रक्कम	
९. परवानाधारक मुद्रांक विक्रेत्याची सही व परवाना क्रमांक तसेच मुद्रांक विक्रीचे ठिकाण / पत्ता	संजय रुपसिंग जाधव परवाना क्र. १२०१०२१, एअर-०४/२१६, सेक्टर-२, वारी, नवी मुंबई-४०० ०७०३.

Apoksha A. Saw
(Advocate High Court)
C-687, Sai Baba S. V. Road,
Jai Yogeshwari, Mandaleshwar,
Adhikar West Mumbai-400068

ज्या कारणासाठी ज्यांनी मुद्रांक खरेदी केला त्यांचा कारणासाठी मुद्रांक खरेदी केल्यापासून ६ महिन्यात वापरचे बंधनकारक आहे

4/18/02/23

Principal
Ideal Institute of Physiotherapy
Asheri, Taluka-Wada,
District-Nashik, Maharashtra - 421303.



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.

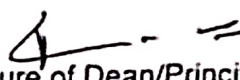
I am further hereby declare that every information or contents in this Inspection Format is based on the information provided by the concerned teachers and endorsed by me after due verification and the same is/are absolutely true and correct. If at any stage it is revealed that any information or content 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 18 day of February 2025 at Posheri, Wada.

Date : ... 18/02/2025

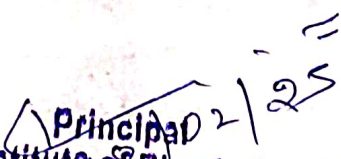
Place : Posheri




Signature of Dean/Principal
Name of the Signatory-
(with Seal of the College / Institute)

Principal
Ideal Institute of Physiotherapy
At Post-Posheri, Tal. Wada
District-Palghar, Maharashtra - 421303.
Principal
Ideal Institute of Physiotherapy
At Post-Posheri, Taluka-Wada,
District-Palghar, Maharashtra - 421303.




Principal 2/25
Ideal Institute of Physiotherapy
At Post-Posheri, Taluka-Wada,
District-Palghar, Maharashtra - 421303.

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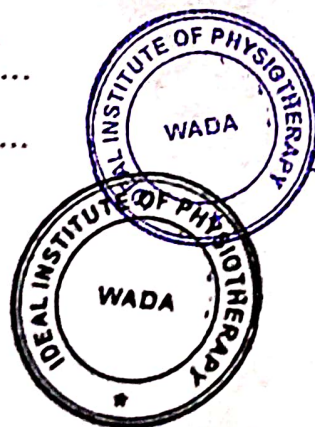
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This declaration is voluntarily signed by me on day of20..... at.....

Date : 18/2/25

Place :



Principal
Ideal Institute of Physiotherapy
At Post-Posheri, Taluka-Wada,
District-Palghar, Maharashtra - 421303.

Signature of Dean/Principal

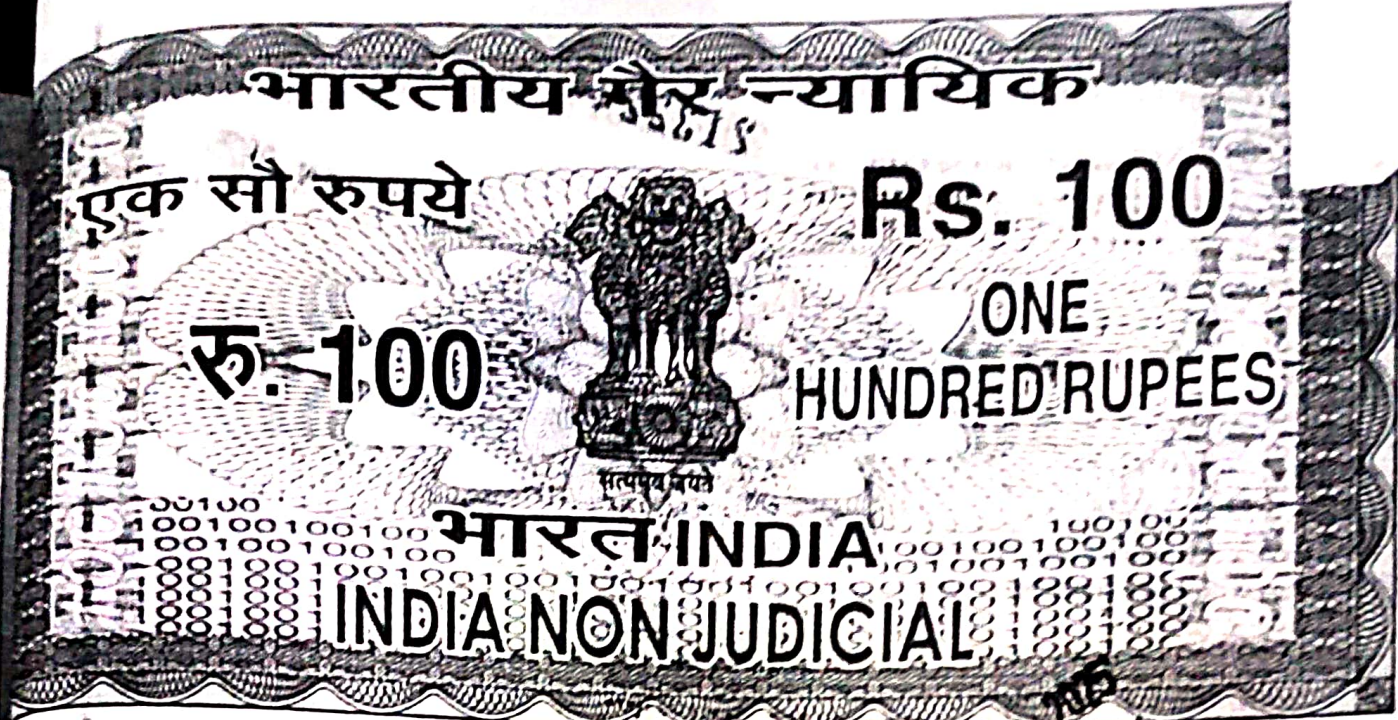
Name of the Signatory-

(with Seal of the College / Institute)

Principal

Ideal Institute of Physiotherapy

At Post-Posheri, Taluka-Wada,
District-Palghar, Maharashtra - 421303.



MAHARASHTRA
जिल्हा कोषागार कार्यालय, ठणे
- 2 JAN 2025
मुद्रा प्रमुख, न्यायिक / लिपिक

2024

10 JAN 2025

38AB 116973

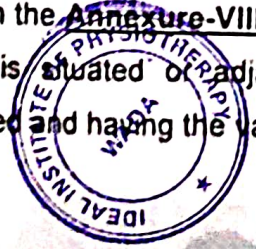
ANNEXURE- XIV

DECLARATION

Physiotherapy Faculty

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

I, the Dean / Director/ Principal of the Dr Priyaranjan Chaudhary 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 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 2025-2026, 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 /



Principal
Ideal Institute of Physiotherapy
At P. S. Wadgaon, Taluka-Wada,
District-Solapur, Maharashtra - 431003.
18/01/2025