



महाराष्ट्र MAHARASHTRA

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40AB 401353



प्रधान मुद्रांक कार्यालय, मुंबई  
प.मु.वि.क ८००००२७  
16 JAN 2025  
सक्षम अधिकारी

ANNEXURE- XIV

श्रीमता संगिता जाधव

### DECLARATION

**Occupational Therapy Faculty**

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

I, the Dean / Director/ Principal of the **Dr. Mohan Joshi 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- VII & 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

states on

uploaded

knowledge

verified

annexure

information

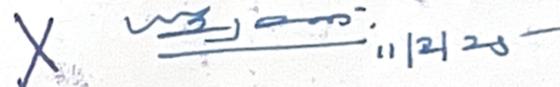
information provided by the concerned teachers. The teachers in the Annexure- VII & VIII are staying in the same city / town / village where the College / Institute is situated or adjacent to the city / town / village, where the College/Institute is situated and having the valid proof of residence of the said city / town / village. The teachers in the Annexure- VII & 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.

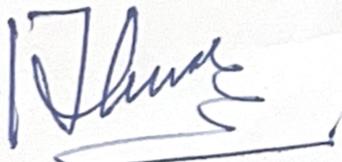
This declaration is voluntarily signed by me on 3<sup>rd</sup> day of February, 2025 at Mumbai

Date : 03/02/2025

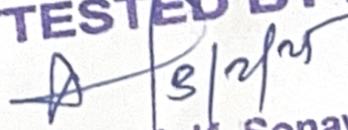
Place : Mumbai

  
Signature of Dean/Principal  
Name of the Signatory- Dr. Mohan Jashi.  
(with Seal of the College / Institute)

DEAN  
Lokmanya Tilak Municipal General  
Hospital & Medical College,  
Sion, Mumbai - 400 022.

  
Date: \_\_\_\_\_  
Place: \_\_\_\_\_  
ADV. NITIN B. SHINGATE  
Advocate High Court  
Amar Seva Mandal Lane,  
Opp. Kurla Court,  
Kurla (West), Mumbai - 400 070.



ATTESTED BY ME  
  
Adv. Ankush K. Sonawane  
B.A., LL.B.  
NOTARY (GOVT. OF INDIA)

- 3 FEB 2025