

महाराष्ट्र MAHARASHTRA

2025

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अ.क्र. ....  
कि. रु. (अक्षरी) .....  
दिनांक : 9/03/26  
पु. वि. हि. न. पोपरी, वरुड  
प. क्र. 3/23 व 9/23 का. पो

Handwritten signatures and text in Marathi, including 'डॉ. केशव डौलत्रा' and 'डॉ. श. तारर'.

OFFICE OF THE  
SUB-TREASURY  
OFFICER, WARUD  
13 MAR 2026  
SUB-TREASURY  
OFFICER, WARUD

**DECLARATION**

I, Dr. KISHOR DAULATRAO TARAR the Dean/Director/ Principal of the ANTYODAYA INSTITUTE OF AYURVEDIC MEDICAL SCIENCES & RESEARCH CENTRE, DEVGRAM 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 teacher's information attached in respective Annexure-IV 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-IV 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

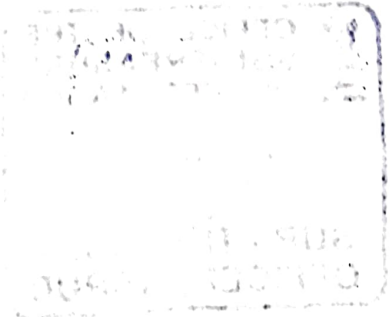
residence of the said city / town / village. The teachers in the Annexure- IV are not practicing in College working hours or out-side the City where the College /Institute is situated.

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 7<sup>th</sup> day of **APRIL 2026** at **DEVGRAM.**

**Date :** 07/04/2026

**Place :** DEVGRAM



*[Handwritten Signature]*  
07/04/26  
Principal  
Signature of Dean/Principal  
Antyodaya Institute of Ayurvedic Medical  
Name of the Signatory: Dr. KISHOR D. TARAR  
Science, Research Center and Hospital, Devgram

(with seal of the College Institution)

