

महाराष्ट्र MAHARASHTRA

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NATIONAL MASTER

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32 AUG 2023

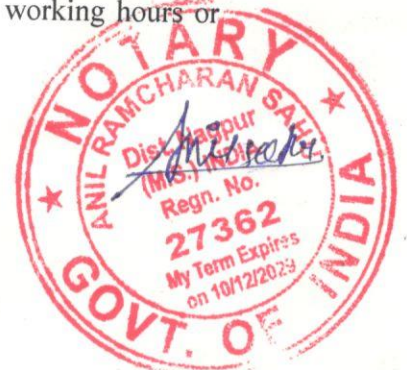
**NOTARIAL REG.**  
ENTRY: 1549  
DATE: 01/04/2026

**DECLARATION**

**(To be prepared on stamp Paper  
Rs. 100)**

Stamp Paper Code / No. 52AA

I, the Dean/Director/ Principal of the **Jupiter Ayurved Medical College, Shankarpur, Nagpur** 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-** 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-** 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.



१) दस्तावेज प्रकार/अनुच्छेद क्रमांक १/७

२) दस्त नोंदणी करणार आहेत काय ? होय/नाही

३) नोंदणी होणार असल्याय दुय्यम निबंधक कार्यालयाचे नाव दुय्यक निबंधक क्र

४) मिळकतीचे वर्णन -

१) मोबदला रक्कम

२) मुद्रांक विकत घेणाऱ्याचे नाव, ज्युपिटर आयुर्वेद मेडिकल कॉलेज

३) दुसऱ्या पक्षकाराचे नाव

४) हस्ते असल्यास त्यांचे नाव व रक्कम सोपान

५) मुद्रांक शुल्क रक्कम

६) मुद्रांक विक्री नोंद वही अनु. क्रमांक १७५७ /दिनांक

७) मुद्रांक विकत घेणाऱ्याची सही



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नागपूर ग. मोहाडीकर मुद्रांक विक्रेता, ला. क्र. १५/९१, कोड क्र ४६०१०३३  
जिल्हाधिकारी परिसर, त. कार्यालय, नागपूर ४४४००२

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.

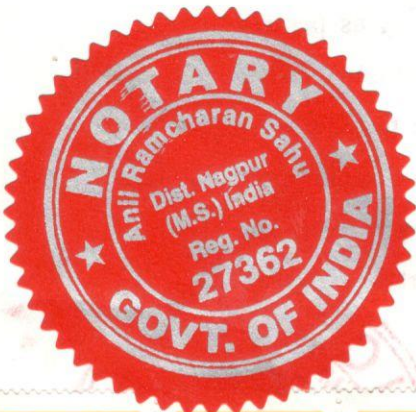
This declaration is voluntarily signed by me on \_\_\_\_\_ day of \_\_\_\_\_ at \_\_\_\_\_.

Date:  
Place: NAGPUR

*[Signature]*

Signature of Dean/Principal  
Name of the Signatory-  
**Dr. Sundarsingh Kastursingh Danga**  
(with seal of the College / Institution)

**Dr. Sundar Singh Danga**  
Principal,  
Jupiter Ayurved Medical College, Nagpur.



Sworn before me on this \_\_\_\_\_ day of April 2023 at Nagpur by  
Shri/Smt./Ku. So. K. Danga  
R/O. Nagpur who has been identified  
by Shri/Smt. Self  
Advocate, Dist. Nagpur.

*[Signature]*  
01-04-2023  
NOTARY  
DIST. NAGPUR, (M.S.) INDIA.

