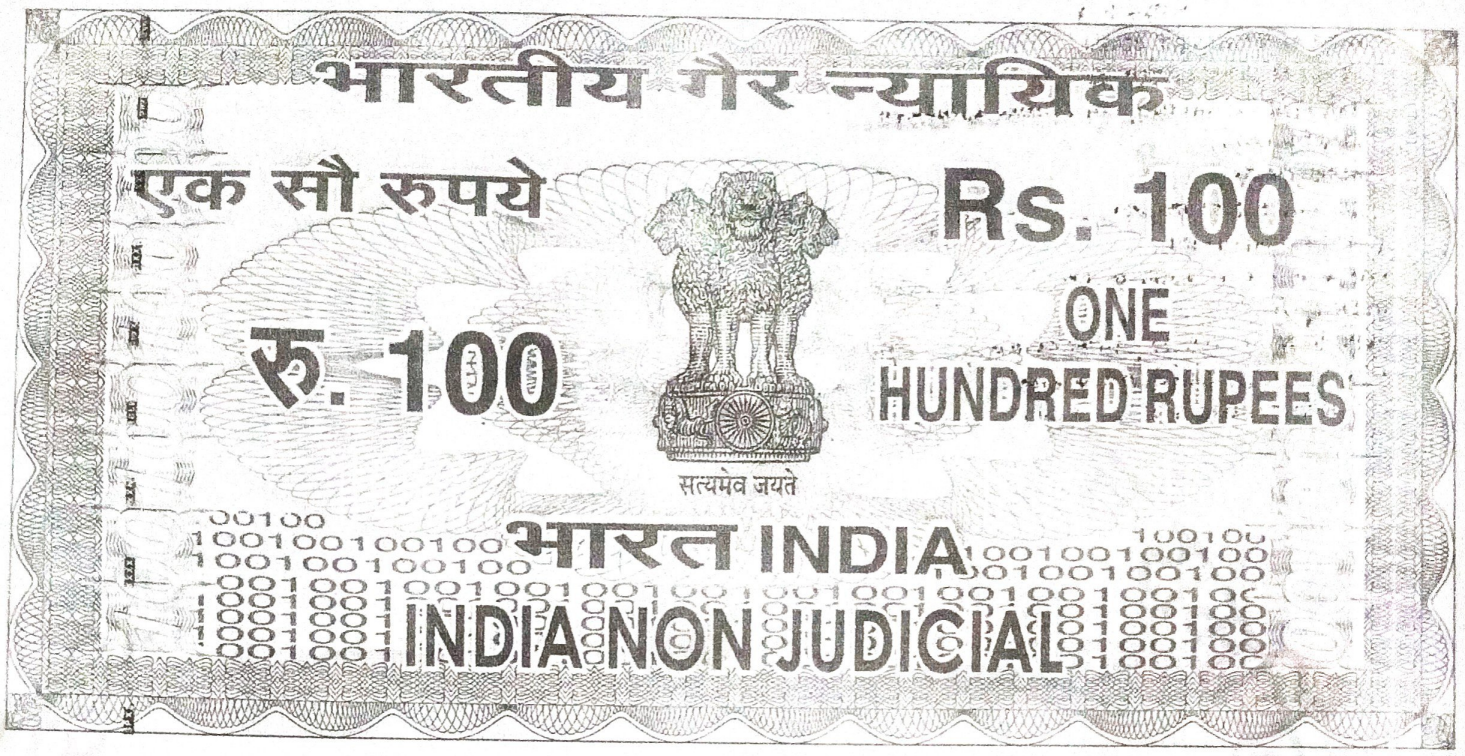



महाराष्ट्र MAHARASHTRA ◑ 2025 ◑ 50AB 286419

उप कोषागार कार्यालय, उमरगा
जि. धाराशिव
27 NOV 2025
उप कोषागार अधिकारी, उमरगा

**ANNEXURE-XVI**

**DECLARATION**

I, the Dean / Director/ Principal of the **Shivai Institute of Nursing, Omerga.** 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 teacher's 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 **2026-2027**, as per my knowledge and 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.

Infrastructure Required as per MSR and Indian Nursing Council Norms is available and we have own building for Nursing Institute or Required Specified Constructed Area as per Norms Laid by Authorities for College and Hostel as per Intake capacity and further No Other Nursing Colleges Running in Same campus or 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 ..... day of .....2026 at 10 Am

**Date :** .../...../2026

**Place:** Omerga

Signature of

Dean/Principal

Name of the Signatory-

(With Seal of the College/Institute)

**Date: ...../...../2026**

PRINCIPAL
Shivai Institute of Nursing (SION)
Koregaonwadi,Omerga