



महाराष्ट्र MAHARASHTRA  
28 NOV 2025  
प्रमुख निदेश  
अ. छत्रपती संभाजीनगर

2024  
17 DEC 2025  
अ.क्र. 27482 दि.  
किंमत 500  
कोणाकरिता SRIMS college of physiotherapy  
हस्ता Aditya Naidya Aditya

DC 644743  
एस. एस. खेत्रे  
स्टॅम्प सेंटर हायकोर्ट  
पुद्राक परवाना क्र. 3101073  
छत्रपती संभाजीनगर

ANNEXURE- XIV

DECLARATION

**Physiotherapy Faculty**

I, the Dean / Director/ Principal of the **ShriRamchandra Institute of Medical Sciences (SRIMS), College of Physiotherapy** 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-VII & VIII are not working in / at any other College /Institute or presented themselves at any inspection for the Academic Year 2026-27, 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.

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 06 day of January, 2026 at ShriRamchandra Institute of Medical Sciences (SRIMS), College of Physiotherapy, Chhatrapati Sambhajinagar.

**Date :** 06/01/2026

**Place :** Chhatrapati Sambhajinagar

Signature of Dean/Principal

Name of the Signatory- **Dr. Surendra Wani**

(with Seal of the College / Institute)



**Principal**  
**Shri Ramchandra Institute of Medical Sciences (SRIMS)**  
**College of Physiotherapy**  
**Chh. Sambhajinagar.**