

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

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.

Date: 06/04/2023

Place: Udgir

Signature of Dean/Principal
Name of the Signatory- Dattatraya Vinayakrao Patil

(with Seal of the College / Institute)

Dhanwantari Ayurved Medical

College Udgir Dist.Latur-413517



Dr. Dattatraya Virayakrao Pah)
Who is identified reform me by

To whom I know personally or On production of identity

Rio Udfiv



F 6 APR 2023

