



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 Friday day of 28/07/2023 at Majalgaon

Date:-28/07/2023  
Place:-Majalgaon

**PRINCIPAL**  
**GURUKRUPA COLLEGE OF**  
**PHYSIOTHERAPY (B.P.TH.), MAJALGAON**

Name of the Signatory  
Dr.Harish Kumar



NOTARY LISTED AT MAJALGAON  
28-07-2023  
Notarial Registrar Bhood

**AFFIDAVIT**  
Solennely attira by Respondent



**Before Me**

Dr. P. P. Dalumbhe  
Notary, Govt. of Maharashtra  
Majalgaon Dist. Bhood

A handwritten signature in black ink, appearing to read "Dr. P. P. Dalumbhe", written over the printed name and title.