

भारतीय गैर न्यायिक
भारत INDIA

500

FIVE HUNDRED
RUPEES

Rs. 500

महाराष्ट्र MAHARASHTRA

DECLARATION

I, **Dr.Suchita S.Sawant**, Principal of the Bombay Hospital College of Nursing, 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 teachers information attached in respective **Annexure-VI,VII ,XIII(A) & XIII(B)** 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- VI,VII, & XIII(A) & XIII(B)** 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- Annexure-VI,VII ,XIII(A) & XIII(B)** are not practicing in College working hours or out-side the City where the College /Institute is situated.

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Annexure - 1

फक्त प्रतिज्ञापत्रासाठी Only for Affidavit

मुद्रांक विकत घेणाऱ्याचे नाव Suchita S. Sawantमुद्रांक विकत घेणाऱ्याचे रहिवासी पत्ता M 28

मुद्रांक विक्रीबाबतचे नॉन वॉर अनु. क्रमांक _____ दिनांक: _____

मुद्रांक विकत घेणाऱ्याची सक्ती परवानाधारक मुद्रांक विक्रीत्याची र

परवाना क्रमांक: ८०००००८

मुद्रांक विक्रीचे ठिकाण/पत्ता: प्रविण एल. चव्हा

/२७२, मेवेल विजिन्स सेंटर, लकी हाउस, एस.बी.एस. मार्ग, फोटे. मुंबई - ०५.

सक्तीय कारणांवरून न्यायालयासमोर प्रतिज्ञापत्र सादर करणेसाठी मुद्रांक

ज्या काळासाठी ज्यांनी मुद्रांक जरेदी केला त्यांनी त्याच कारणासाठी

मुद्रांक जरेदी केल्यापासून ६ महिन्यात यापरणे बंधनकारक आहे.

12 JAN 2025



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 13th day of January 2026 at Mumbai

Date :13th January 2026

Place:Mumbai



Signature of Principal

Dr.(Mrs.)Suchita .Sawant

Name of the Signatory-

(With Seal of the College/Institute)

**DR.(MRS.) SUCHITA S. SAWANT
PRINCIPAL**

Bombay Hospital College Of Nursing
Bombay Hospital Trust
12, Marine Lines, Mumbai - 400020.



BEFORE ME

**HASAN. M. ZAIDI
NOTARY**

Government of India
Mumbai & Palghar Dist.

13 JAN 2026