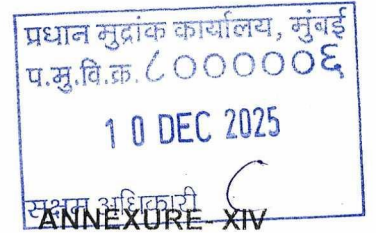
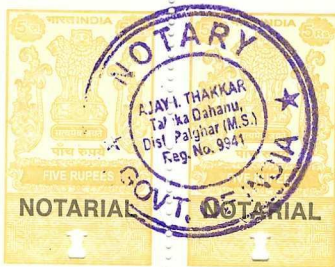
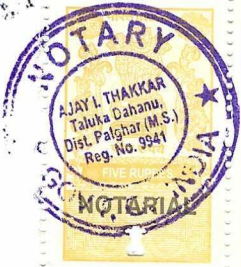


8521 महाराष्ट्र MAHARASHTRA

2025

EM 605996



DECLARATION

Physiotherapy Faculty

(To be prepared on a Stamp Paper Rs.500)

श्रीमती एस. एस. चव्हाण

I, the Principal of the Vedantaa Institute of Physiotherapy Sciences, Saswand, Dhundalwadi, Dahanu 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 teachers 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



Sunil Kumar

Principal
Vedantaa Institute of Physiotherapy Sciences

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 _____ day of _____ 2026 at Vedantaa Institute of Physiotherapy Sciences.

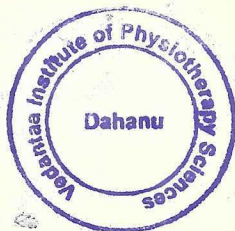
Date:

Place:

Sunilkumar

Signature of Principal

Name of the Signatory- Dr. Sunilkumar Sharma
(With Seal of the College / Institute)

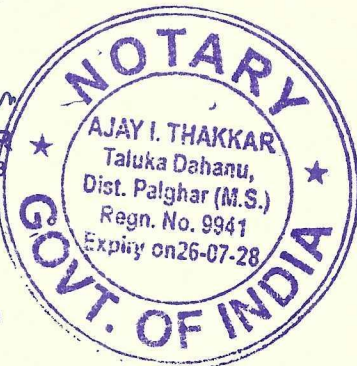


5/1/2026
912311

SIGNATURE/S ATTESTE
NO RESPONSIBILITY OF
CONTENTS THERE IN
BEFORE ME

A. Thakkar

MR. AJAY I. THAKKAR
Advocate & Notary
(Govt. of India)
114, Annapurna Park,
Dahanu Road (West),
Tal. Dahanu, Dist. Thane
Pin. 401 602.
Mob: 09224836446



NOTED / REGISTERED
5/1/2026

6 FEB 2026