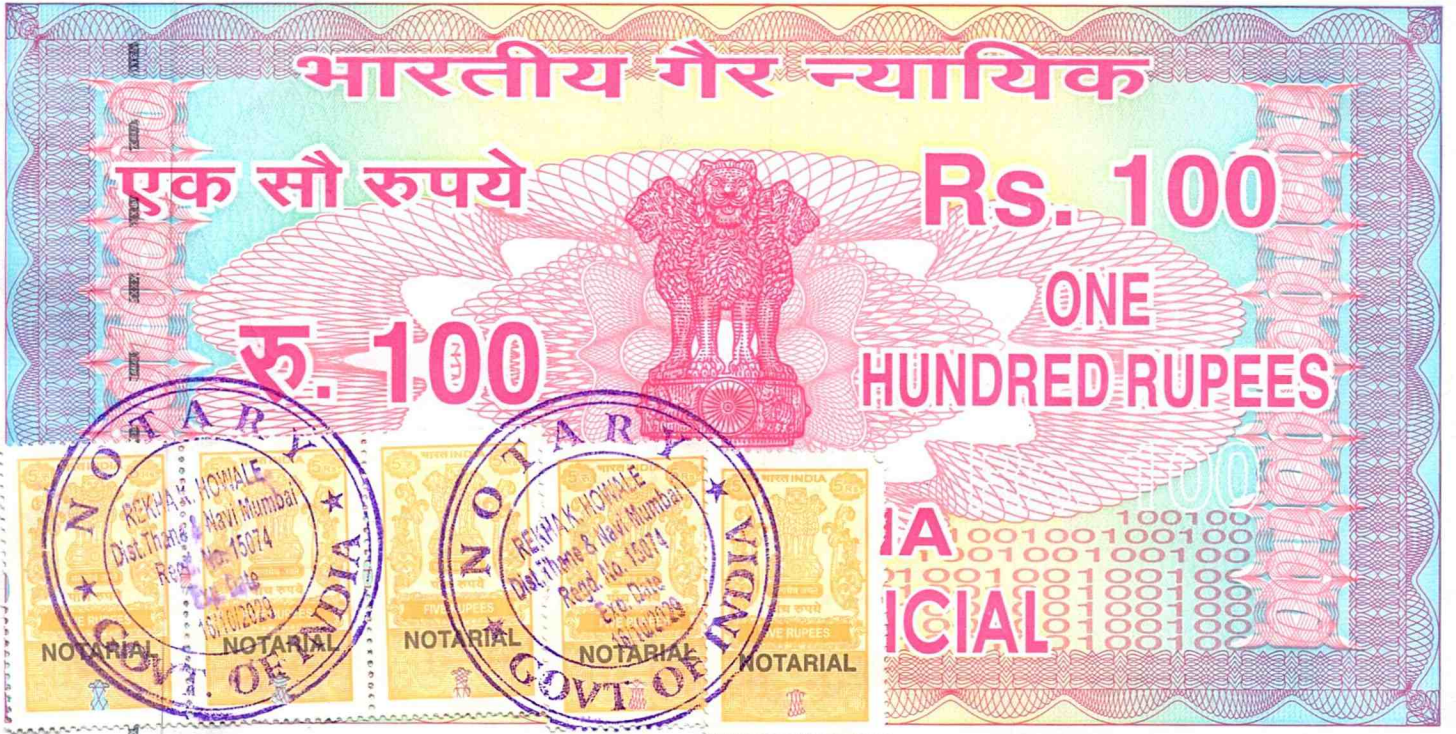


Declaration by Principal



महाराष्ट्र MAHARASHTRA

जिल्हा कोषागार कार्यालय, ठाणे

2025 23 JAN 2026

78AB-081461

Annexure-I - Only for Affidavit

Serial No. 121812

Date

Dr. G. D. POL FOUNDATION

Stamp Purchaser's Name

Place of residence & Signal Y.M.T. AYURVEDIC MEDICAL COLLEGE AND HOSPITAL

Institutional Area Sector - 4,

Kharghar, Navi Mumbai - 410 210.

Stamp Vendor Signature

Mr. Ravindra Vishnu Shingade

License No. 1201043, Shingade Services, Shop No. 47,

Gr. Floor, Prabhat Centre, Sector-1A, CBD Belapur, Navi

Mumbai-400614. Mo. 9324704124

एका कारणासाठी ज्यांनी मुद्रांक खरेदी केला त्यांनी त्याच कारणासाठी

मुद्रांक खरेदी वेळापत्रास 6 महिन्यात वापरणे बंधनकारक आहे

- 8 JAN 2026

मुद्रांक प्रमुख लिपीक / लिपीक

DECLARATION

I, the Principal of the Dr. G. D. Pol Foundation, YMT Ayurvedic Medical College and Hospital, 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-IV are not working in / at any other College /Institute or presented themselves at any inspection for the Academic Year 2026-2027, as per my knowledge and information provided by the

concerned teachers. The teachers in the Annexure- IV 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- IV 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 13th day of March 2026 at Kharghar.

Date : 13/03/2026

Place : Kharghar, Navi Mumbai



VD. SANJEEV YADAV
Signature **PRINCIPAL**/Principal
Dr. G. D. POL FOUNDATION
Y.M.T. AYURVEDIC MEDICAL COLLEGE AND HOSPITAL
Institutional Area Sector - 4,
Kharghar, Navi Mumbai - 410 210..
Name of the Signatory-

(with seal of the College / Institution)

ATTESTED BY ME

Rekha
14/3/26

REKHA KISHORE HOWALE
Advocate & Notary Public
Shop No. 13, Prabhat Center,
Ground Floor, Sec. 1A,
CBE Belapur, Navi Mumbai - 400614

14 MAR 2026

