



महाराष्ट्र MAHARASHTRA

2025

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अनु क्र : 23946 दिनांक : 12 MAR 2026

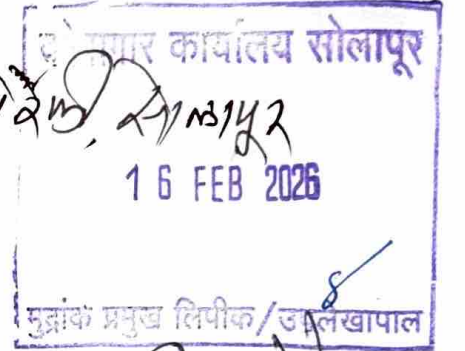
नांव : श्री. सीधेश्वर कॉलेज ऑफ फिजिओथेरेपी, सोलापूर

यांनी रुपये 900/- वा जनरल स्टॅम्प मागिलेवरून  
हा रुपये 900/- वा स्टॅम्प व भरवीस  
रुपये वा जनरल स्टॅम्प

या करणांकटिवा दिला

एस. आर. मेरगु

मुद्रांक विवेका, सोलापूर कोड नं : 2699006  
परवाना ता. 02/92/999 मो. नं. 922999900



अनिल रते

Amik

ANNEXURE- XIV

### DECLARATION

#### Physiotherapy Faculty

I, the Dean / Director/ Principal of the Shree Siddheshwar College of Physiotherapy, 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 - 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 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 02<sup>nd</sup> day of March 2026 at Solapur.

**Date:** 02-03-2026

**Place:** SOLAPUR



**Signature of Dean/Principal**

**Name of the Signatory – Dr. Sureshkumar. T**  
(with Seal of the College / Institute)

**Principal**  
**Shree Siddheshwar College of**  
Physiotherapy Solapur