

I, the Dean / Director/ Principal of the

presented themselves at any inspection for the Academic Year 20.25 -20.2. , as per my knowledge and information provided by the 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-...6..... are not practicing in College working hours or out-side the City where the College /Institute is situated. 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 day of...... 20.25 at. 3.p Date: 31/1/ 2025 Malla-Sopera W Place: Signature of Dean/Principal Name of the Signatory-Principal RIDDHI VINAYAK COLLEGE OF NURSING (RVHSPCT). Nallasopera (W), Dist. Palghar 401 203. (With Seal of the College/Institute) ADVOCATE & NOTARY **GOVT. OF INDIA** Reg. No. 15546 0 1 FEB 2075