

It is further submitted the teacher's information attached in respective Annexure- VI & VII 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- VI & VII 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- VI & VII 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 12th day of January 2026 at.....

Date: 12/01/2026

Place: Pune



Signature of Dean/Principal

Name of the Signatory- Dr. Meena Ganapathy

PRINCIPAL

MKSSS INSTITUTE

OF NURSING EDUCATION

PUNE

Date: 12/01/2026



BEFORE ME



PRAKASH M. DAMBRE
NOTARY, GOVT. OF INDIA
PUNE

NOTED AND REGISTERED
AT SR. NO. 107/2026
DATE 13 JAN 2026