



RATNAMALA SHIKSHAN PRASARAK MANDAL'S
ATAL BIHARI VAJPAYEE COLLEGE OF PHYSIOTHERAPY



Approved by: Govt. of Maharashtra
Affiliated to Maharashtra University of Health Sciences, Nashik.

DMER/ARA Code – 06411

MUHS Code - 163120

Address - Gut No 50/1/B, Devgad Phata, Chh. Sambhajnagar – Ahilyanagar Highway, Behind Hotel
Deepjyot, Tal. Newasa, Dist. Ahilyanagar - 414603. Contact No- 8793103029.

Email ID- abvcobpth@gmail.com

Web – atalbiharivajpayeecollegeofphysiotherapy.com

ANNEXURE XIV

INSPECTION COMMITTEE REPORT FOR – ACADEMIC YEAR 2026–2027

DECLARATION



महाराष्ट्र
24 DEC 2024
24 FEB 2025

MAHARASHTRA

2024

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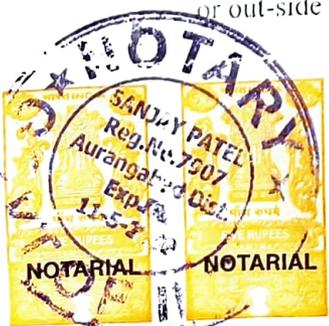
एस.डी. जोशी (चोबे)

शासकीय मुद्रांक र.नं. 3101047
सेवन हिल्स कॉलनी, प्लॉट नं. 60
जालना रोड, उत्रपती संभाजीनगर

अ.क्र. 2160
विभांक 24 FEB 2025
रक्कम 100/
डॉ. डी. उत्रपती संभाजीनगर

DECLARATION

I, the Dean / Director/ Principal of the Atal Bihari Vajpayee College of Physiotherapy / 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 & X are not working in / at any other College /Institute or presented themselves at any inspection for the Academic Year 2025 -2026, as per my knowledge and information provided by the concerned teachers. The teachers in the Annexure-VII & VIII X 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 X are not practicing in College working hours or out-side the City where the College /Institute is situated.



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 of2026 at.....

Date: 9/03/2026.

Place: Ahilyanagar.



Vipin

Signature of Dean/Principal

Name of the Signatory

(With Seal of the College / Institute)

Principal

Atal Bihar Vajpayee College of Physiotherapy
A/p. Jalki Bk, Devgad Phata, Tal. Newasa
Dist. Ahmednagar (MS) 414603



BEFORE ME

Sanjay
9.3.26

SANJAY SATESH PATEL
ADV. NOTARY GOVT. OF INDIA
Area-Supari Hanuman Road
Aurangabad (M.S.)
Regd. No. 7907/2010

9 MAR 2026