

DECLARATION

I, the Dean/ Director/ Principal of the Government Dental College & Hospital, Aurangabad Training Center / Institute solemnly states on affirmation, that the information provide be me in Inspection Format as well as uploaded on Training Center Website along-with all Annexure is true and correct to the best of my knowledge. The said information is provided to me by the concerned teachers and duty verified by me. It is further submitted the teacher's information attached in respective **Annexure A & F** are not working in / at any other Training Center/ Institute or presented themselves at any inspection for the Academic Year 2022-2023 as per my knowledge and information provided by the concern teachers. The teachers in **Annexure A & F** are staying in the same city / town / village where the Training Center / Institute is situated or adjacent to the city / town/ village, where the Training center / Institute is situated and having valid proof of residence of the said city / town/ village. The teachers in the **Annexure A & F** are not practicing in Training Center working hours or out-side the city where the Training Center / Institute is situated.

I am further hereby declare that every information or contents In this LIC Format is based in 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 b, shall be liable for disciplinary action or penal action or affiliation of the Training Center shall be withdrawal, as the case may be.

This declaration is voluntarily signed by me on 19 day of may 2022 at Aurangabad

Date -

Place-



DEAN
Govt. Dental College & Hospita
Sign & Stamp of
Aurangabad
Dean of Training Center
Date