



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 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 the 5th day of jan 2026 at Nanded

Date : 05/01/2026

Place : Nanded



Signature of Dean/Principal

Name of the Signatory

(with Seal of the College / Institute)

Principal

**Horizon College of Physiotherapy
Vishnupuri, Nanded.**

11 DEC 2025

**Above Person Signed
Before me**

**SIGNED
BEFORE ME**

**B. M. BONALA
Advocate & Notary**

NOTARY

Adv.B.M. Bonala. HAZURSAHIB NANDED.

