

**DECLARATION**

I, the Director Academics (Admin) of the Grant Medical Foundation, Ruby Hall Clinic, Pune. Institute solemnly states on affirmation, that the information provided by me in Inspection Format as well as uploaded on Training Centre 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 teacher's information attached in respective Annexure A&F are not working any other Institute or presented themselves at any inspection for the Academic Year **2022 - 2023** as per my knowledge and information provided by the concerned teachers. The teachers in the Annexure A & F are staying in the same city where the Institute is situated and having the valid proof of residence of the said city. The teachers in the Annexure A & F are not practicing in Training Centre working hours or outside the city where the Institute is situated.

I further hereby declare that every information or contents in this LIC Format is based on the information provided by the concerned teachers and endorsed by me after due verification and the same 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 Training Centre shall be withdrawal, as the case may be.

This declaration is voluntarily signed by me on.23 Day of May 2022..At Grant Medical Foundation, Ruby Hall Clinic, Pune.

**Date: 23.05.2022**

**Place : Pune .**



**Signature of Director**  
**DR. D.N. BHALEROO**  
**DIRECTOR - ACADEMICS (ADMIN)**  
**Name of the Signatory**

